

Name
in
Full

William Joseph Birely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at Sabillasville	Frederick	Months	Days
Date of death 1909 March	Day 3rd	Years	23
Sex Male	Color or Race White	Birth-place	Sabillasville
Occupation	Where Residing if not at place of death place of death & Md.		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Sabillasville
Father's Name Marvin F. Birely	Mother's Maiden Name Alice Virginia Mosey	Mother's Birthplace	Sabillasville
Name of person giving information Joseph Mosey	How related to deceased	Grand-father	3rd

CAUSES OF DEATH

93

How long

4 day

How long

4 "

PHYSICIAN
OR CORONER

Primary Pneumonia

Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. L. Wachter

Address

Sabillasville Md.

Q

Accident or Suicide?



Name
In
Full

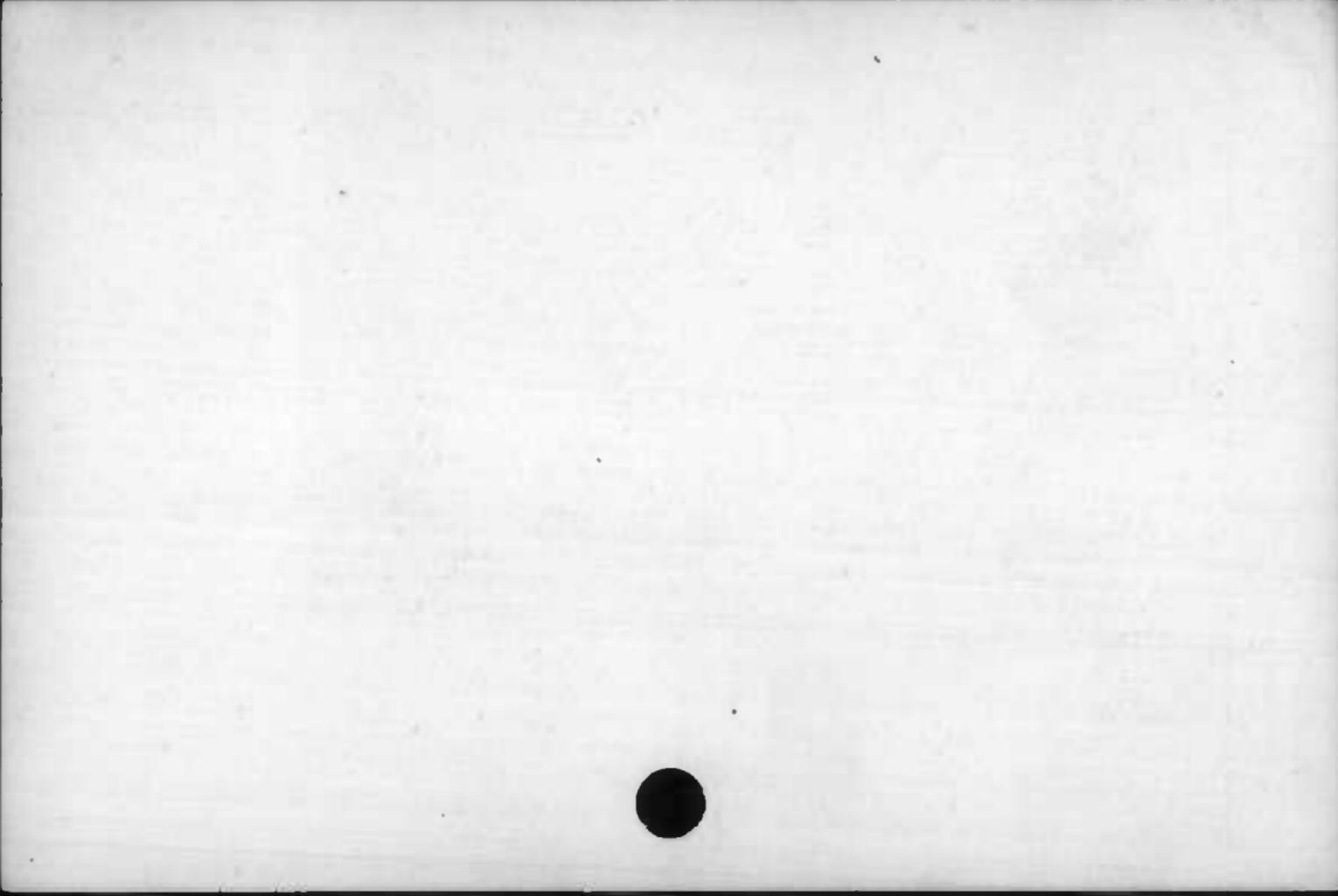
Lottie Burna Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fornville</u> Town		County <u>Fredensh</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>6</u>	Years <u>8</u>	Months <u>~</u>	Days <u>2d</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Fornville</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Calvin Brown</u>	Father's Birthplace <u>Fornville, Md.</u>				
Mother's Maiden Name <u>Linnie Wolf</u>	Mother's Birthplace				
Name of person giving information <u>Linnie Brown</u>	How related to deceased <u>Mother</u>				
CAUSES OF DEATH					
Primary <u>not known as dead</u>	79				
Immediate <u>she was down when I saw her</u>	How long <u>don't know</u>				
Probable valvular heart disease from symptoms					
How long <u>don't know</u>					
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Woodrow B. Baily</u>				
Address <u>Thurmont</u>					
Accident or Suicide? <u>No</u>	Initials <u>W.B.</u>				

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Burke, No. 9

CERTIFICATE OF DEATH

Died at Kemptown

Town

County

MARYLAND

Date of death 1909 March

Month

Day

Years

Age

80

Months

8

Days

18

Sex Male

Color or Race

White

Birth-place

Alb

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isabelle Burke

Father's Name

Hasley Burke

Father's Birthplace

Alb

Mother's Maiden Name

Evaon Riam

Mother's Birthplace

Alb

Name of person giving
Information

Hasley Burke

How related
to deceased

son

CAUSES OF DEATH

93

How long

4 days.

How long

Primary

Pneumonia

Immediate

Exsanguon

Are the name, age, sex, color, date
and place correctly given above?

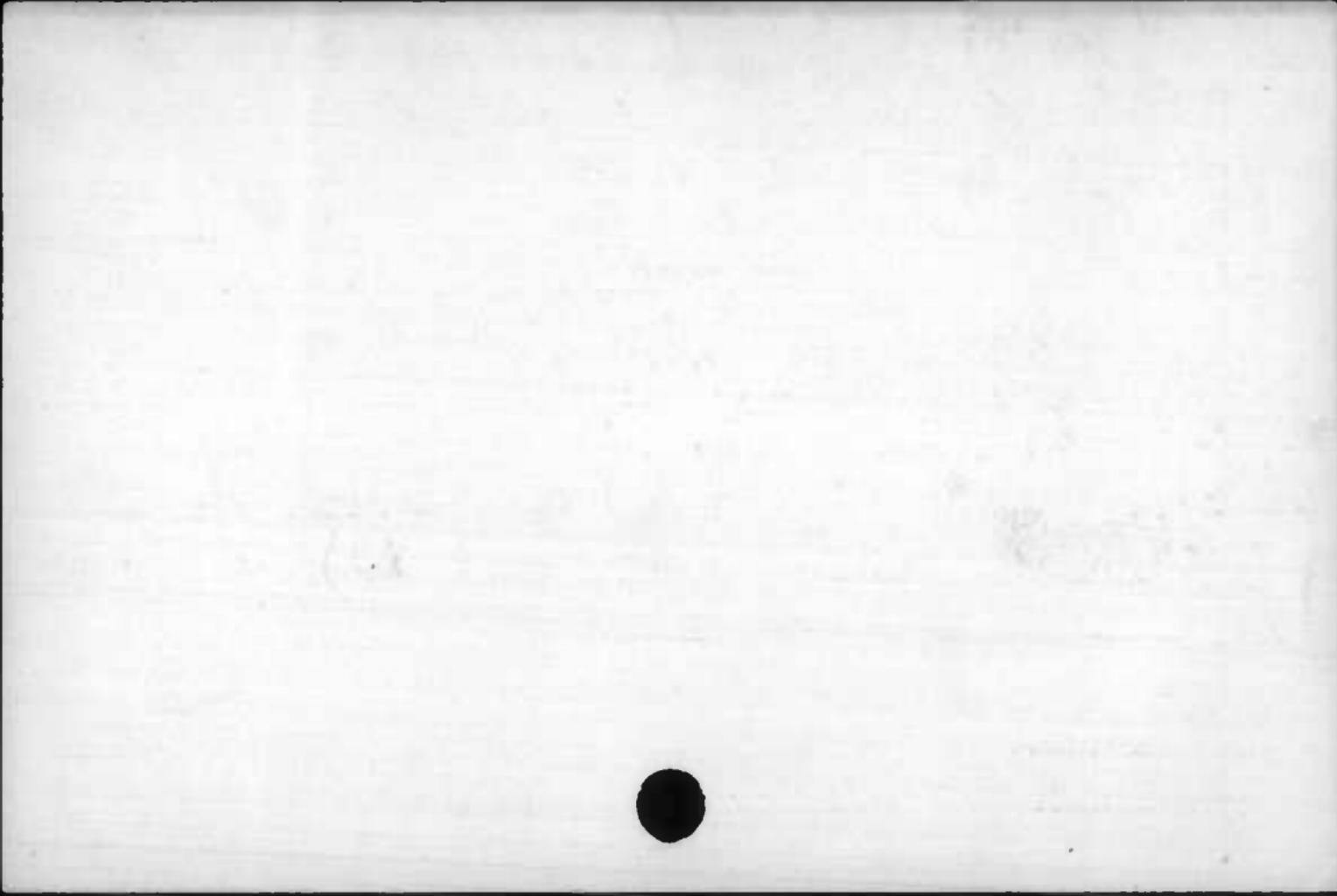
Yes

Signature of
Physician

Address

R C Fout
Kempown Md.

Accident or Suicide?



Name
in
Full

Elizabeth Ann Catherine Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	March	1	55	10	26	
Sex	Female	Color or Race	White	Birth-place	Fredmicks Co Md	
Occupation	Housewife					
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Married	John W Bussard		✓			
Father's Name	Henry W Summers					
Mother's Maiden Name	Dern					
Name of person giving Information	John W Bussard					

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary Malignant Endocarditis

How long

4 month

Immediate Heart failure

How long

3 day -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

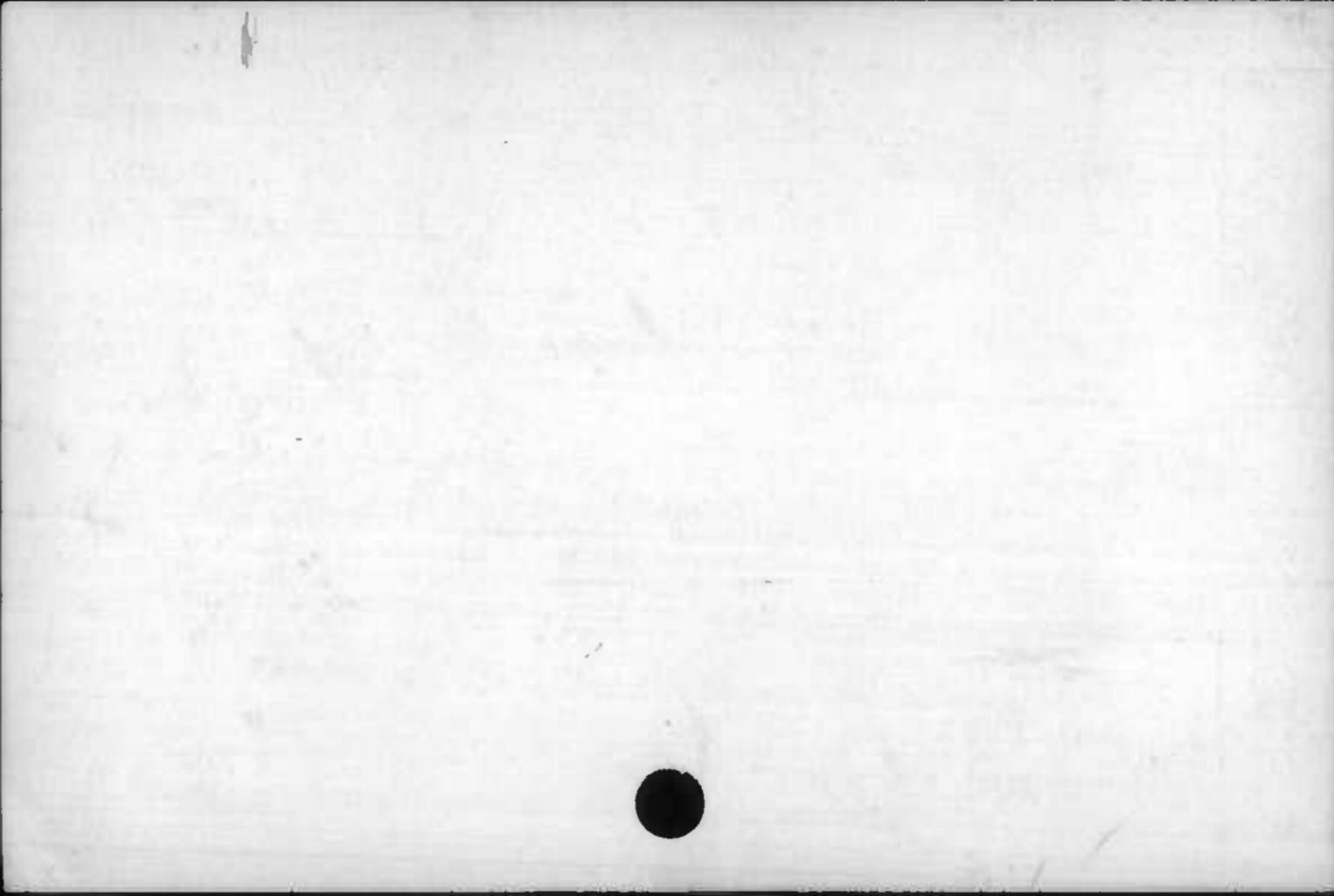
Ed Buckley

Address

Middletown

dad

Accident or Suicide?



Name
in
Full

Jesse P. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Unionville		Frederick			
Date of death	Month	Day	Years	Months	Days
1909	March	24 th	84	10	11
Sex	male	Color or Race	White	Birthplace	Maryland
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	Susie Eberly.				
Father's Name	John Butler				
Mother's Maiden Name	Priscilla Leatherwood				
Name of person giving information	Mrs. Mollie Hawk				
Father's Birthplace					
Mother's Birthplace					
How related to deceased					
Daughter					

CAUSES OF DEATH

142

How long

6 weeks

How long

Signature of Physician

Address

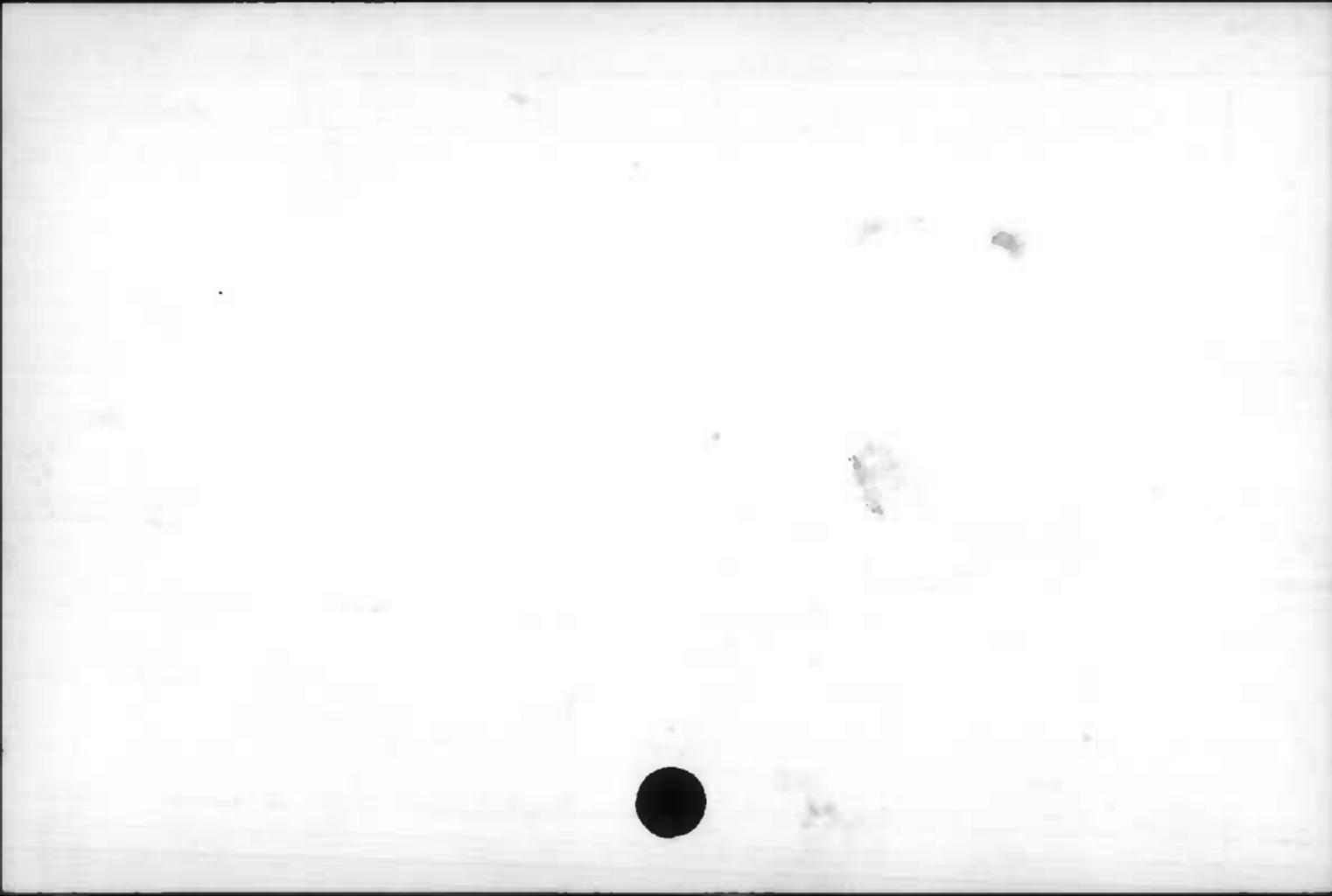
Mr. Whitbeck MD

Unionville Md

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide



Name
in
Full

Austin E. Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town, Diad at Feagaville		County, Roedersicks		MARYLAND	
Date of death 1909	Month 3	Day 29	Years —	Months —	Days 5
Sex Male	Color or Race	White	Birth- place	Feagaville	
Occupation	Where Reading if not at placia of death Feagaville				
Married, Single or Widowed	Name of Wife or Huaband				
Single					
Father's Name	John W. Castle		Father's Birthplace	T. Coakland	
Mother's Maiden Name	Fannie Miller		Mothar'a Birthplaca	" " "	
Name of person giving Information	John W. Castle.		How related to deceased	Father	

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, data
and placia correctly givian above?

Mulnurition
yes

Signature of
Physician

Address

M. L. Long
Firest 9th

Accident or Suicide

Interment Mar 30, 1909,

" at Lutheran Cemetery,

Middletown Md

Thomas P. Rice F.D.

Dr. W. A. Long

Dr. Goodell,

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Otha F. Cecil

CERTIFICATE OF DEATH

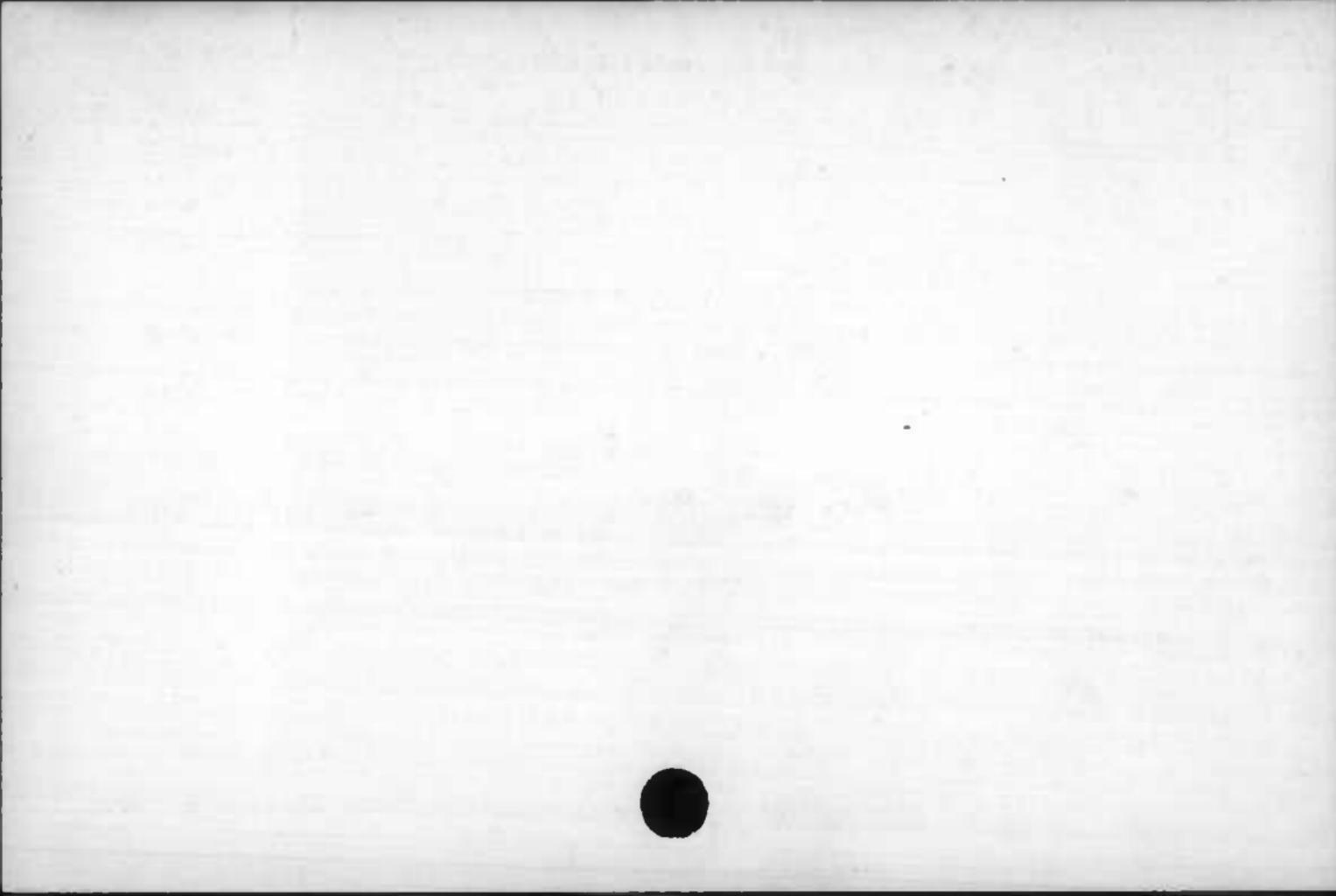
MARYLAND

Died at		Town	County			
Monteau Hospital Frederick						
Date of death	1909	Month March	Day 21	Years 68	Months	Days
Sex	Male	Color or Race	White			
Occupation	Unknown		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown			
Father's Name	Unknown.		Father's Birthplace Unknown			
Mother's Maiden Name	Unknown.		Mother's Birthplace Unknown			
Name of person giving information	Nurse.		How related to deceased None			

CAUSES OF DEATH

154

Primary	General Debility		How long	3 years.
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. S. Tyson
			Address	Frederick Md.
Accident or Suicide?				



Name
in
Full

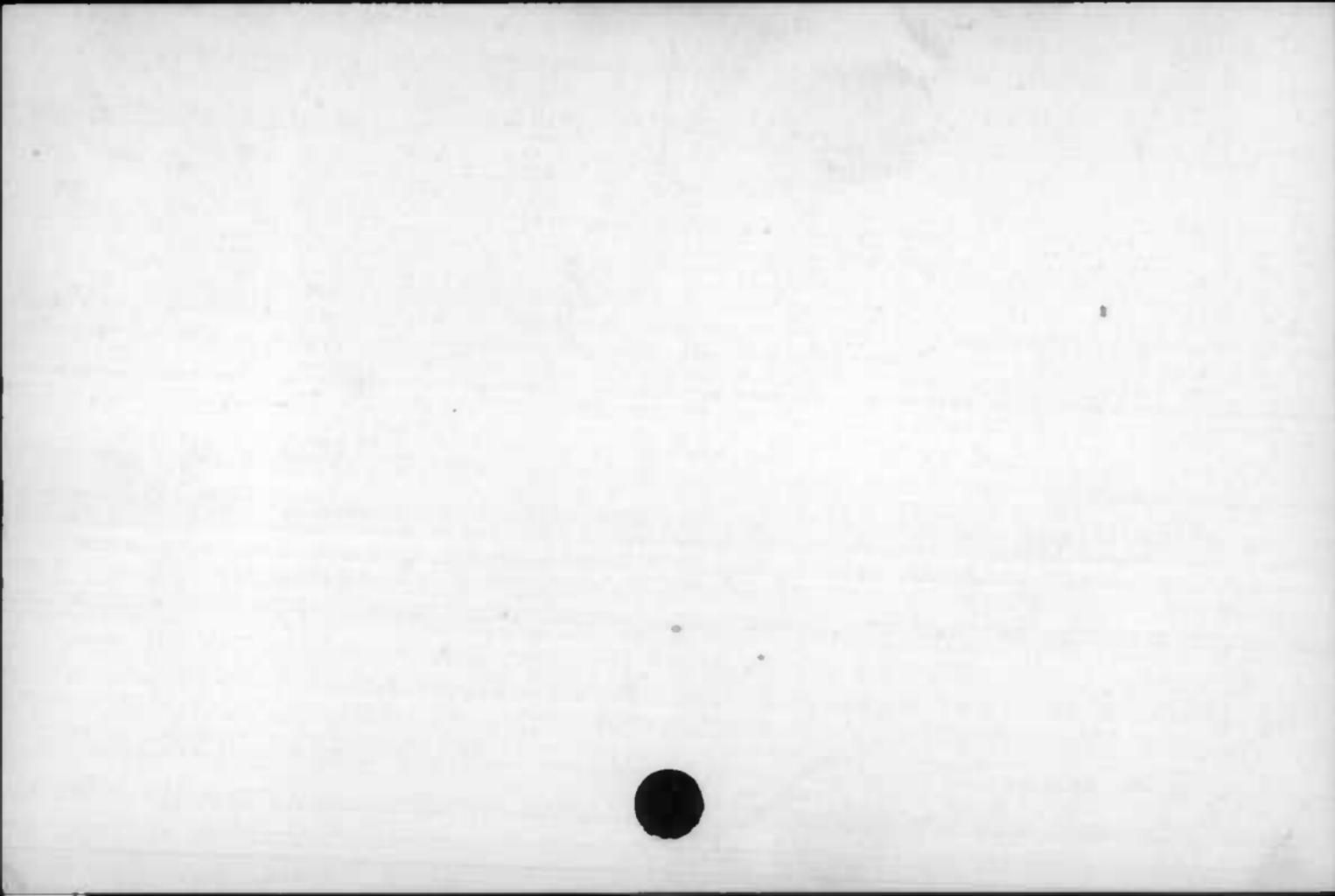
Thomas Cline

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Ellerton</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar.</u>	Day <u>20</u>	Age <u>77</u>	Years	Months <u>7</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catherine Summers</u>					
Father's Name <u>Phillip Cline</u>	Father's Birthplace <u>Not Known</u>					
Mother's Maiden Name <u>Elizabeth Ambrose</u>	Mother's Birthplace <u>Not Known</u>					
Name of person giving information <u>Chas. Cline</u>	How related to deceased <u>Cow.</u>					
CAUSES OF DEATH						
Primary <u>Organic Heart Disease</u>	How long <u>Several Years.</u>					
Immediate <u>Apoplexy</u>	How long <u>3 days.</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Ralph Baumer</u>					
	Address <u>Myersville, Md</u>					
Accident or Suicide?						



Name
in
Full

George Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	St. Mark'sville	Town	Frederick	County	MARYLAND		
Date of death	1909	Month	March	Day	20	Years	about 62
Sex	Male	Color or Race	Colored	Occupation	Frederick, Md.		
Married, Single or Widowed	Married	Farm hand					
Name of Wife or Husband	Martha Cook						
Father's Name	Peter Cook				Father's Birthplace	Carroll County	
Mother's Maiden Name	not known				Mother's Birthplace	not known	
Name of person giving information	John Cook				How related to deceased	Son	
CAUSES OF DEATH					79		

Primary

drophy

How long

1 1/2 yrs.

Immediate

Heart disease

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

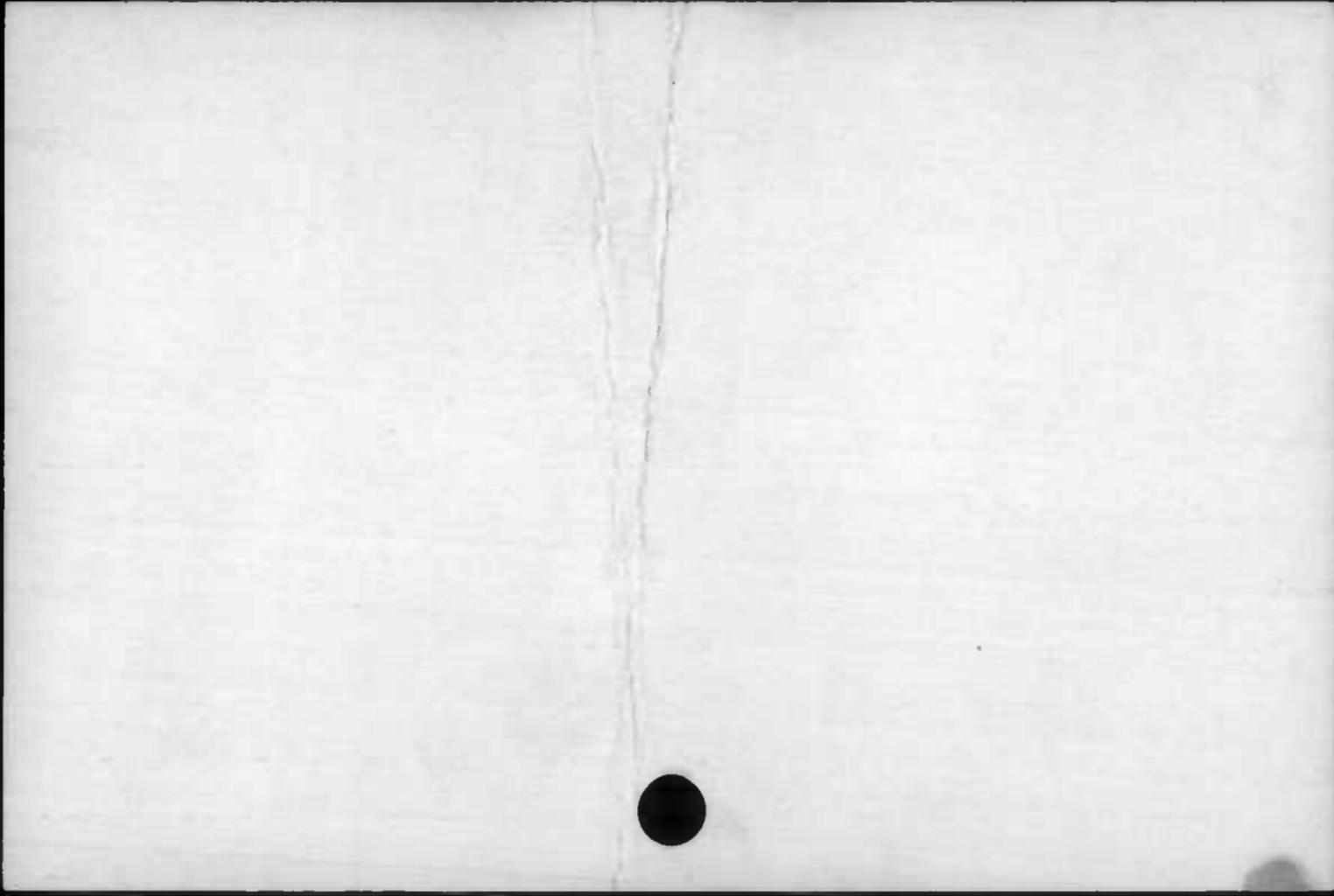
Signature of Physician

Address

John L. Remsing
St. Mark'sville
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

George H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Frederick		Frederick				
Date of death	Month	Day	Years	Months	Days	
1909	3	31	62	9	27	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Retired Wood Turner			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Virginia Michael	Father's Birthplace	Germany	
Father's Name	Casper Brown			Mother's Birthplace	Germany	
Mother's Maiden Name	Christina Schmidt			How related to deceased		
Name of person giving information	Family Record					

CAUSES OF DEATH

79

Primary: Organic Heart Disease
How long: 5 Yrs

Immediate: Paralysis of Vagus & Heart
How long: Indefinite

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

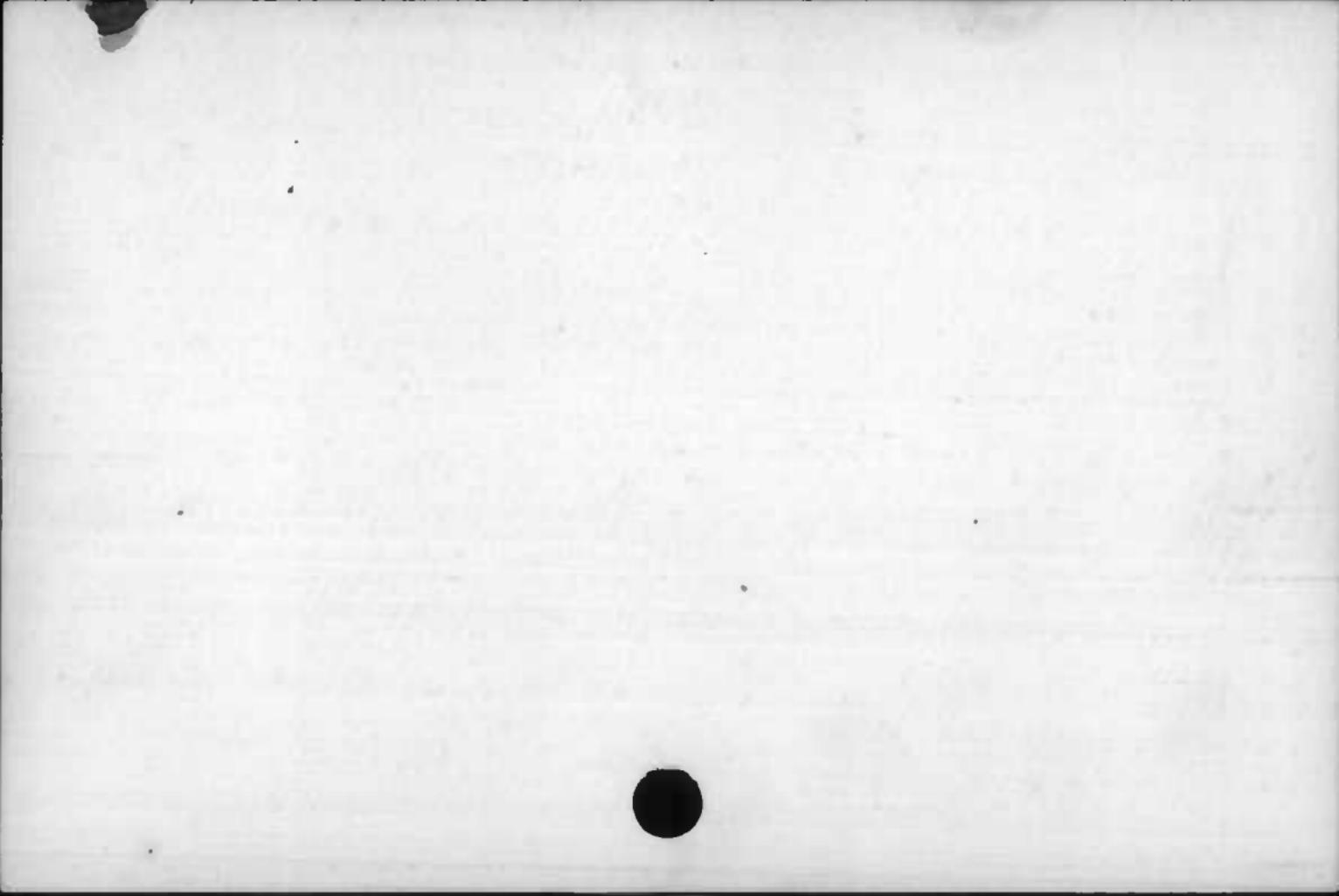
Address

John F. Grodell, M.D.

Frederick, Md.

Accident or Suicide?

X



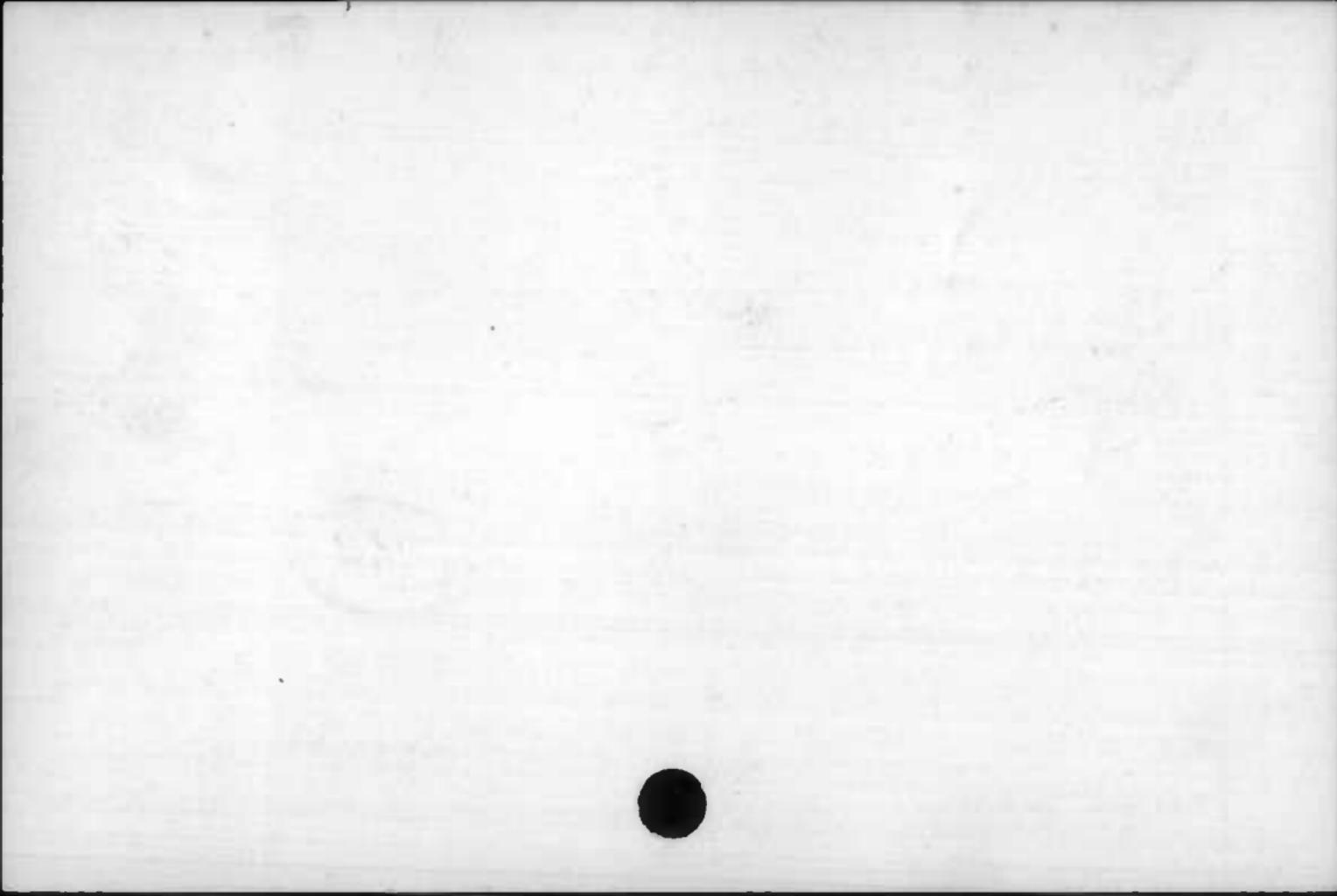
Name
in
Full

Catherine Diehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Mar	15	Age 85	3	2	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Maryland		
Married, Single or Widowed	Name of Wife or Husband		Miss Diehl (dead)			
Father's Name	Jacob Snyder		Father's Birthplace	Hagerstown		
Mother's Maiden Name	Sarah Lightner		Mother's Birthplace	1877 - Hagerstown		
Name of person giving Information	Jacob Diehl		How related to deceased	Son		
CAUSES OF DEATH						
Primary	Paralysis of Brain		66	How long		
Immediate	Cerebral Coma			About 1 week		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long		
Yes			F. H. Sidesell	About 5 days		
			Address	Johnsville, Md.		
Accident or Suicide?						



Name
in
Full

William Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Bartonsville	Frederick			
Date of death	1909	Month	3	Day	6
Years		Age	1	Months	0
Days					2
Sex	Male	Color or Race	Black	Birth-place	Bartonsville
Occupation	Wheare Residing if not at place of death			Same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Knight (?)			Father's Birthplace	Frederick
Mother's Maiden Name	Alice Diggs			Mothar's Birthplace	" "
Name of person giving Information	Geo. Little			How related to deceased	Uncle

CAUSES OF DEATH

93

How long

1 week

How long

3 days

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Cuddy

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mass 8-1909

" at Bastonville Cemetery

Thomas P. Rice F. D.

(Family in charge)

Dr McCurdy.

Dr Goodell.

Name
in
Full

Sarah A. Doub

CERTIFICATE OF DEATH

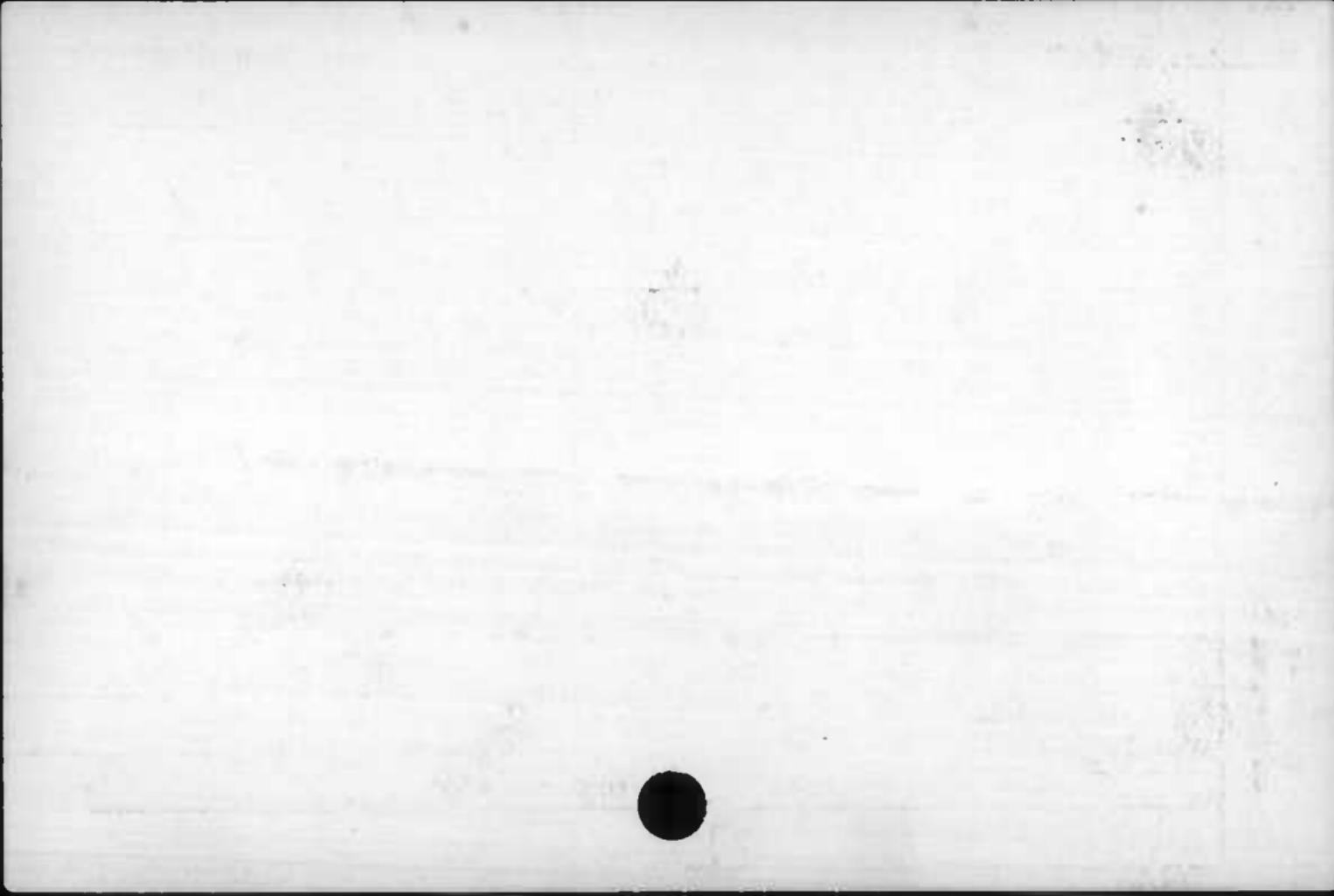
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Meyersville		Frederick				
Date of death	Month	Day	Age	Years	Months	Days	
1909	Mar.	5	70		10	10	
Sex	Female		Color or Race	White		Birth-place	Fred Co.
Occupation	Housekeeping		Where Residing if not at place of death		Meyersville		
Married, Single or Widowed	Widow	Name of Wife or Husband	Sarah Doub				
Father's Name	Conrad Beachley				Father's Birthplace	Fred Co.	
Mother's Maiden Name	Susanna Trumbo				Mother's Birthplace	Fred Co.	
Name of person giving information	Fannie Brown				How related to deceased	daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paraplegia		66	How long	1 year
Immediate	Pul. Congestion			How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	S. S. Davis	
			Address	Roxbury	
Accident or Suicide?					



Name
in
Full

Margant Dumovin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	White	Birth-place	
Occupation	<u>Retired Babysitter</u>			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Thomas Dumovin			Father's Birthplace	Frederick Co Md	
Mother's Maiden Name	Catharine Eckman			Mother's Birthplace	4 ..	
Name of person giving information	Louisa Dumovin			How related to deceased	Sister	

CAUSES OF DEATH

104

How long

6 or 3 yrs

How long

PHYSICIAN
OR CORONER

Primary

Galanth of Stomach

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Y

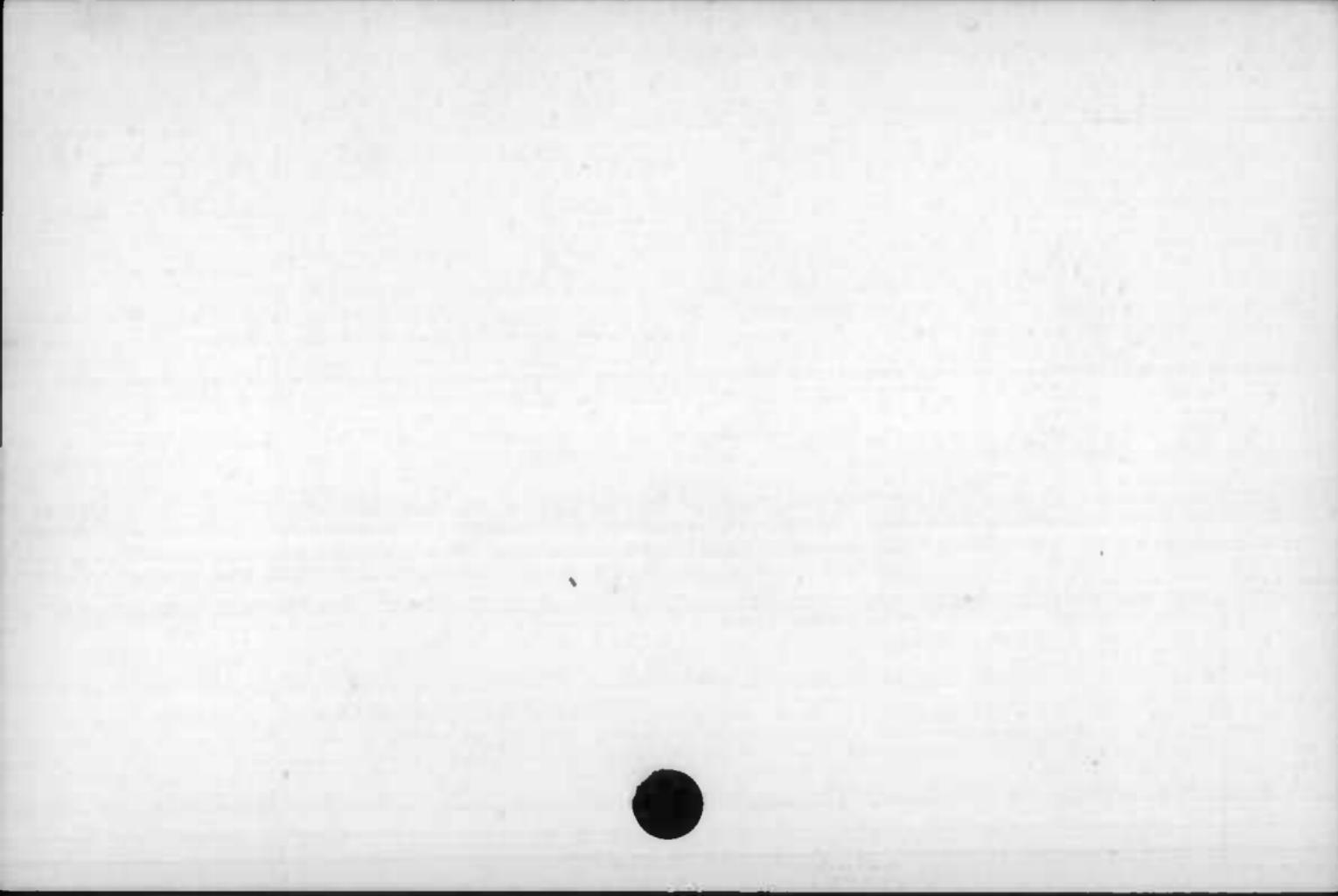
Signature of Physician

Address

C. F. Gooder and
Co. Death Office
Frederick - Md

Accident or Suicide?

no



Name
in
Full

Laura B. Diven

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bear Mt. St. Marys		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1904	March	30	83		
Sex	Color or Race	Birth-place			
Female	White	Emmitsburg Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James A. Diven			
Father's Name	Augustus Taney	Father's Birthplace			
Mother's Maiden Name	Juliet Solleus	Mother's Birthplace			
Name of person giving information	Selia Taney	How related to deceased			
Niece					

CAUSES OF DEATH

154

How long

2 yrs or more

How long

v

PHYSICIAN
OR CORONER

Primary: General debility.
Immediate: Ceased breathing

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. Michelberger
Emmitsburg
Maryland

Accident or Suicide?

115

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Robert E. Glowing</i>						CERTIFICATE OF DEATH	
Died at <i>Near Frederick</i>		Town		County			
Date of death <i>1909</i>	Month <i>March</i>	Day <i>8th</i>	Years <i>60</i>	Age <i>60</i>	Months <i>1</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Med.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Base of death</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Don't know</i>			Father's Name <i>Dr. Thomas A. Glowing</i>	Father's Birthplace <i>Med.</i>		
Mother's Maiden Name <i>Husq</i>			Mother's Birthplace <i>Med.</i>				
Name of person giving information <i>My personal knowledge</i>	How related to deceased <i>not related</i>						

CAUSES OF DEATH

120

Primary

Immediate

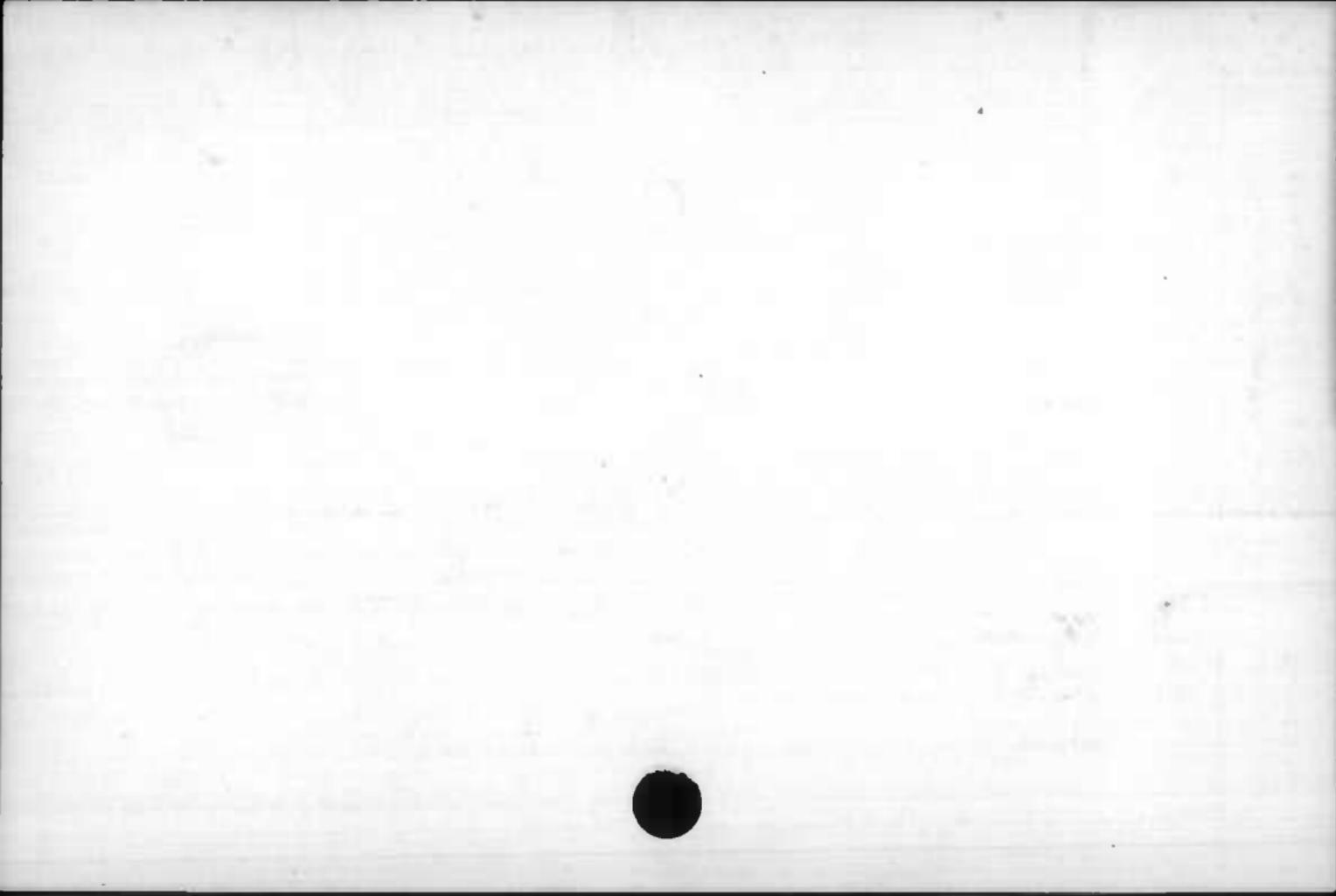
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary J. Gerrans

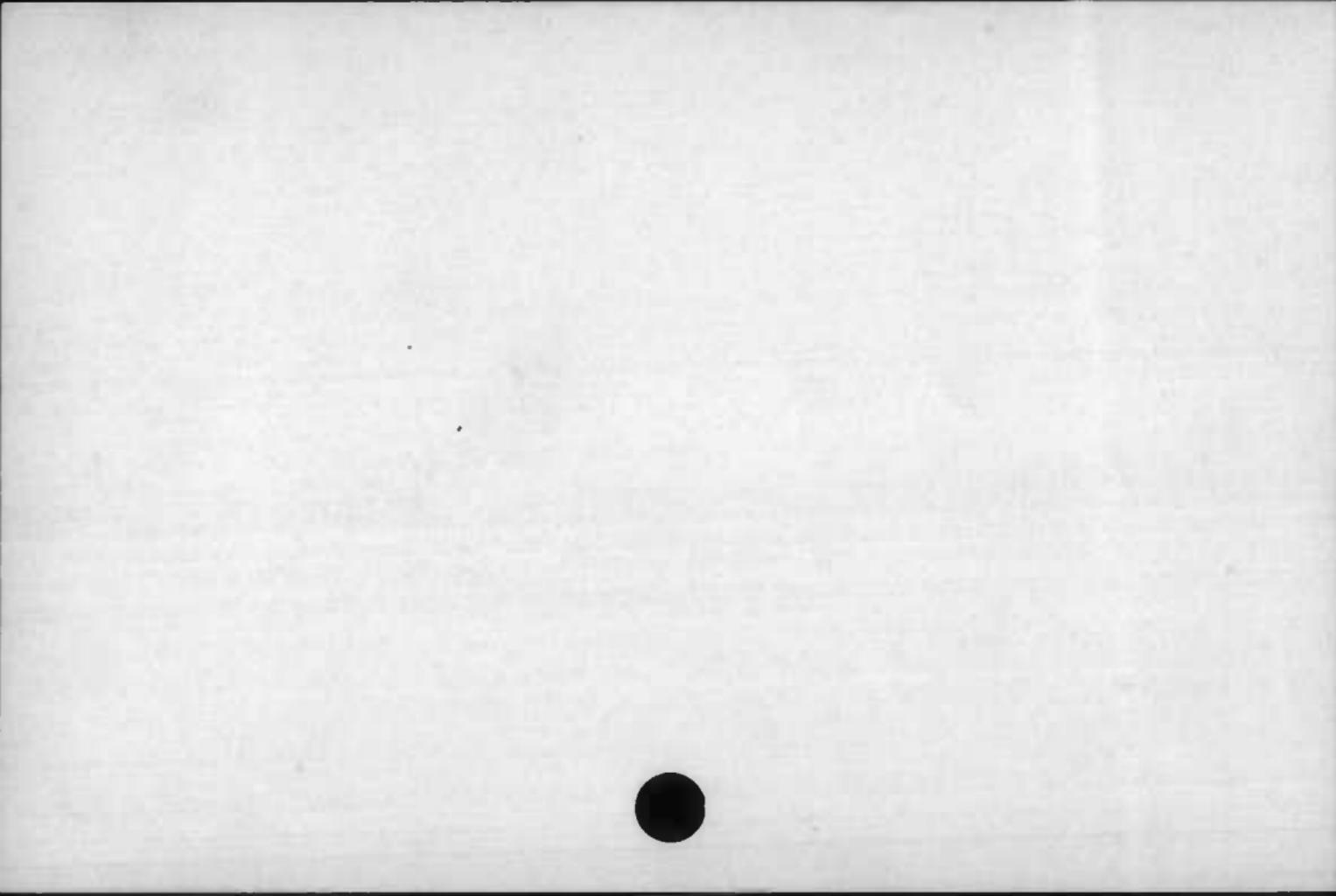
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Thurston</u>		Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>first</u>	Age <u>83</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>near Thurston,</u>		<u>Wales, Eng.</u>			
Occupation <u>Retired</u>	Name of Wife or Husband <u>Charles Gerrans,</u>						
Married, Single or Widowed <u>Widow</u>	Father's Name <u>William Morgan,</u>		Father's Birthplace <u>Wales, Eng.</u>				
Mother's Maiden Name <u>Margaret Jones</u>	Mother's Birthplace <u>Wales, Eng.</u>		Mother's Birthplace <u>Wales, Eng.</u>				
Name of person giving information <u>John Morgan Thomas.</u>	How related to deceased <u>Aunt,</u>						
CAUSES OF DEATH						<u>154</u>	

Primary <u>Old Age</u>	How long <u>over three years,</u>
Immediate <u>Heart Failure.</u>	How long <u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Johnas Brunwell, Sub Registrar,</u> Address <u>Araby, R.F.D. 21, Fred. Co., Md.</u>
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Lucena V. Gosnell</i>				CERTIFICATE OF DEATH		
Died at <i>Frederick</i>		Town	<i>Frederick</i>		County	MARYLAND
Date of death	1904	Month March	Day 21	Years	Months	Days 8
Sex	Female	Color or Race	<i>white</i>		Birth-place	<i>Frederick Co.</i>
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	<i>William D. Gosnell</i>				Father's Birthplace	<i>Frederick, Md.</i>
Mother's Maiden Name	<i>Mary Michael</i>				Mother's Birthplace	<i>Frederick Co.</i>
Name of person giving information	<i>J. D. Broders</i>				How related to deceased	<i>not stated</i>

CAUSES OF DEATH

151

Primary *Premature birth.* How long *8 days*
Immediate *Exhaustion* How long *8 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Goodman,

Accident or Suicide?

Name
In
Full

Julia Lanzetta Guyton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 3	Day 5	Years —	Months 10	Days 24	
Sex	Female	Color or Race	White	Birth-place			
Occupation	Where Residing if not at place of death			Near Broad Run			
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace			
Father's Name	Elmer E. Guyton			Burkittsville			
Mother's Maiden Name	Marie R. Haught.			Mother's Birthplace			
Name of person giving information	Elmer E. Guyton			How related to deceased			

CAUSES OF DEATH

Primary

Broncho Pneumonia

91

How long

10 days

Immediate

Asthenia

8 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

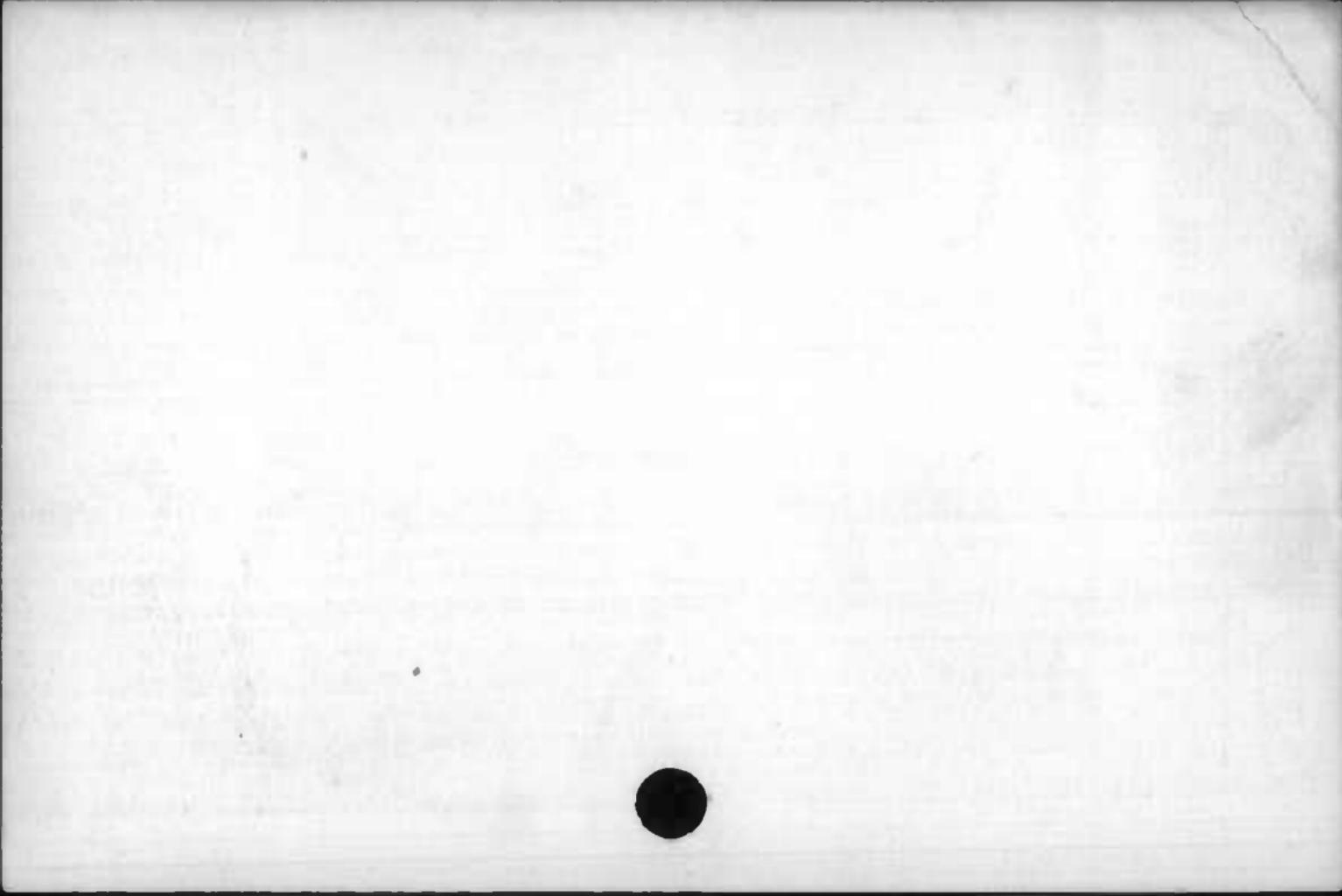
Signature of Physician

George Youster

Address

Burkittsville Md.

Accident or Suicide?



Name
in
Full

solomon Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Montevue Hospital</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>31</u>	Years <u>80</u>	Months <u>--</u>	Days <u>--</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>unknown</u>			
Occupation <u>unknown</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>unknown</u>	Name of Wife or Husband <u>unknown</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information	How related to deceased <u>son</u>				

CAUSES OF DEATH

154

How long

1 yr

How long

1 week

PHYSICIAN
OR CORONER

Primary

Sensitily

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

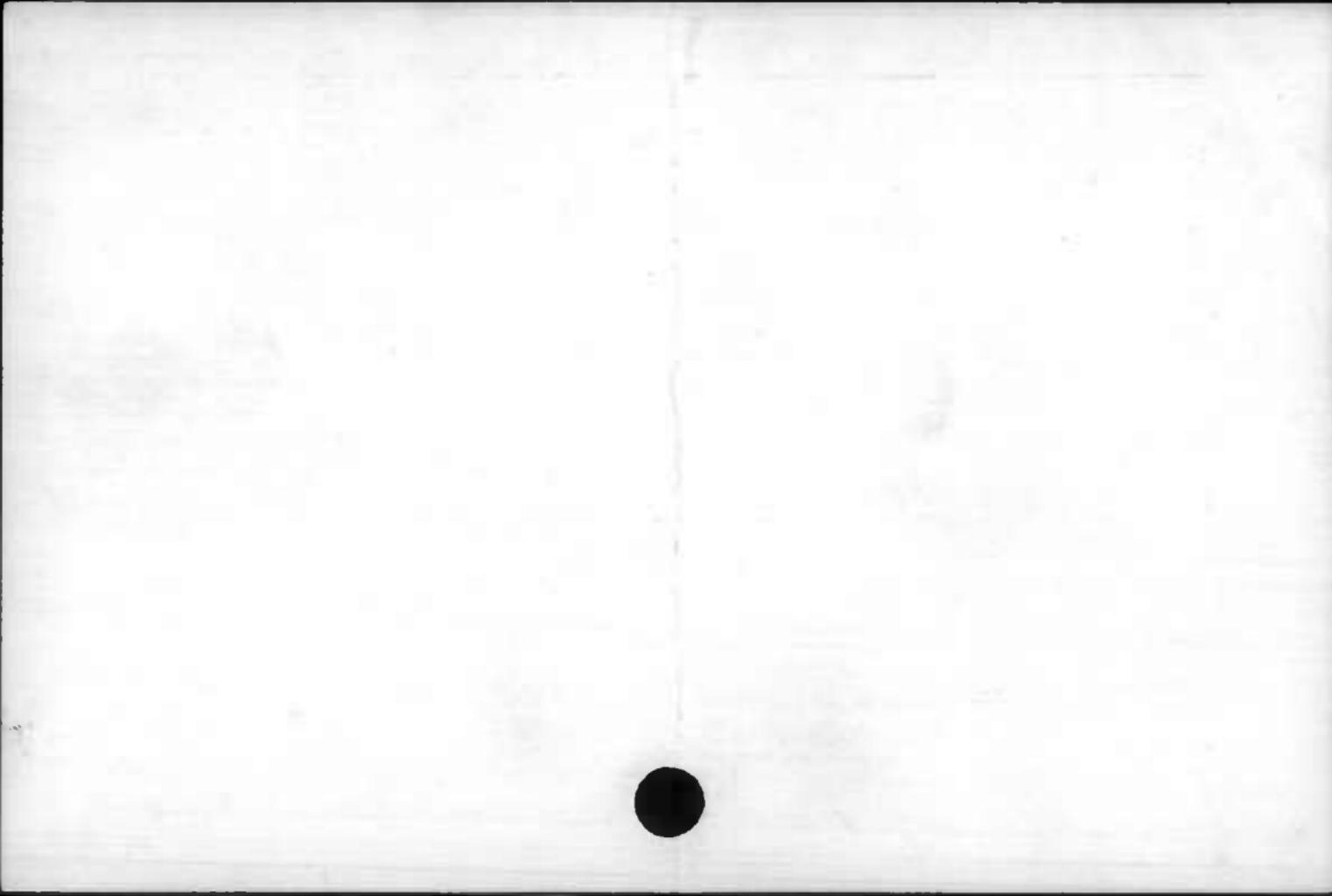
Signature of Physician

Address

R. D. Pyron

Frederick
Md.

Accident or Suicide



Name
in
Full

Annie C. Hanes, No. 7.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Monrovia		Fredericks				
Date of death	1909	Month 3	Day 23	Years 37	Months	Days
Sex	Female	Color or Race	White	Birth-place	Montgomery Co	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	John W. Hanes			
Father's Name	John W. C. Stewart	Father's Birthplace	Montgomery Co			
Mother's Maiden Name	Mary R. Mullineaux	Mother's Birthplace	Howard Co			
Name of person giving information	John W. Hanes	How related to deceased	Husband			

Peritonitis was not of

secondary origin

CAUSES OF DEATH

116

Primary

Peritonitis & Pneumonia

How long

5-2 hours

Immediate

Exsanguination and death due to cardiac paroxysm

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. C. Front M.D.

Address

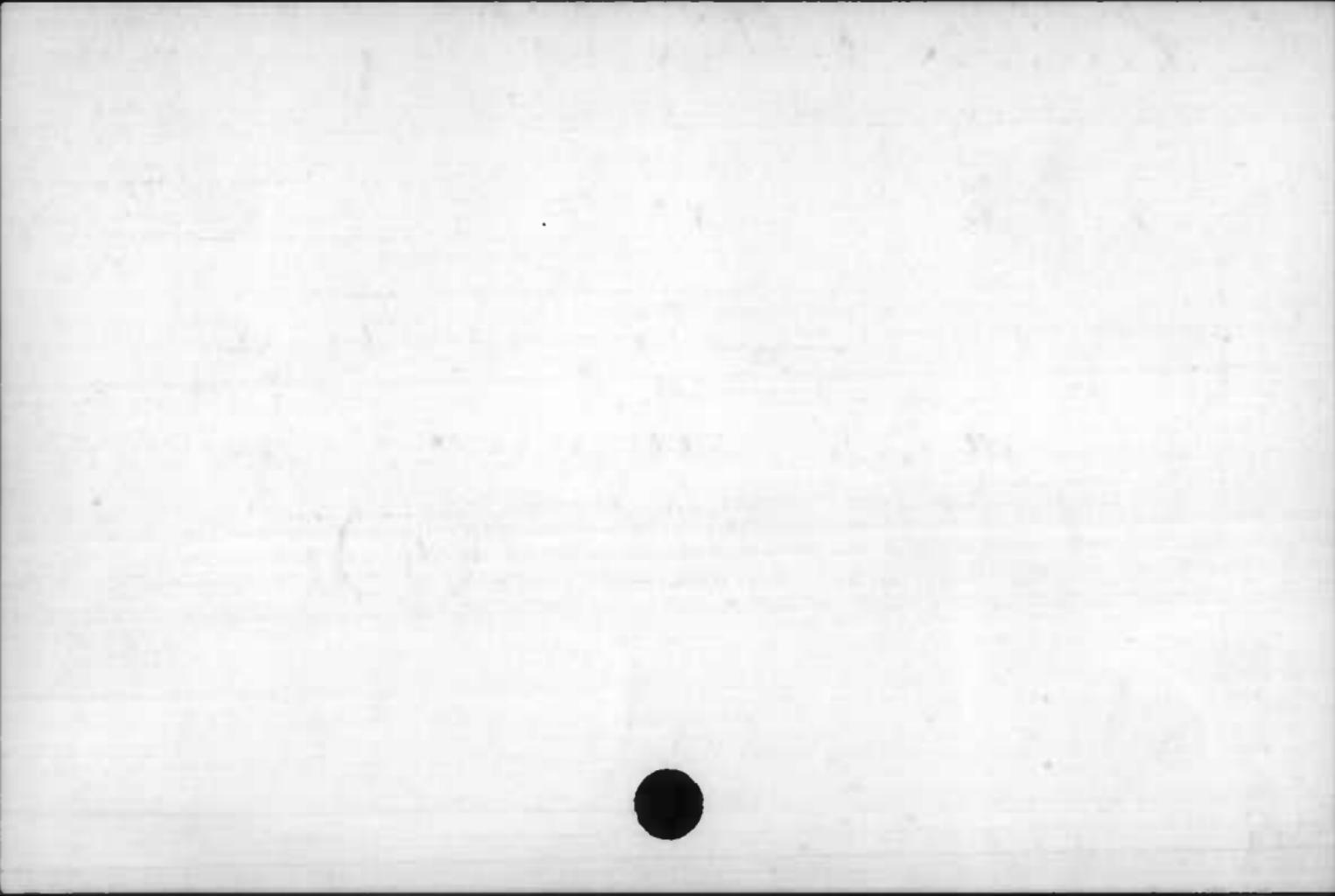
Kensington

Ind.

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

Catharine A. Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sabillasville		Town Frederick County		MARYLAND		
Date of death 1909 March 23	Month March	Day 23	Age 68 Years	Months 3	Days 27	
Sex Female	Color or Race White				Birth-place Frederick Co	
Occupation Housewife	Where Residing if not at place of death at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Oliver S. Harbaugh				Father's Name John Mc Lain	Father's Birthplace Frederick Co
Mother's Maiden Name Susan Harbaugh				Mother's Name Susan Harbaugh	Mother's Birthplace Frederick Co	
Name of person giving information C. N. Stein				How related to deceased No relation		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes

50

How long

several years

Immediate

1

How long

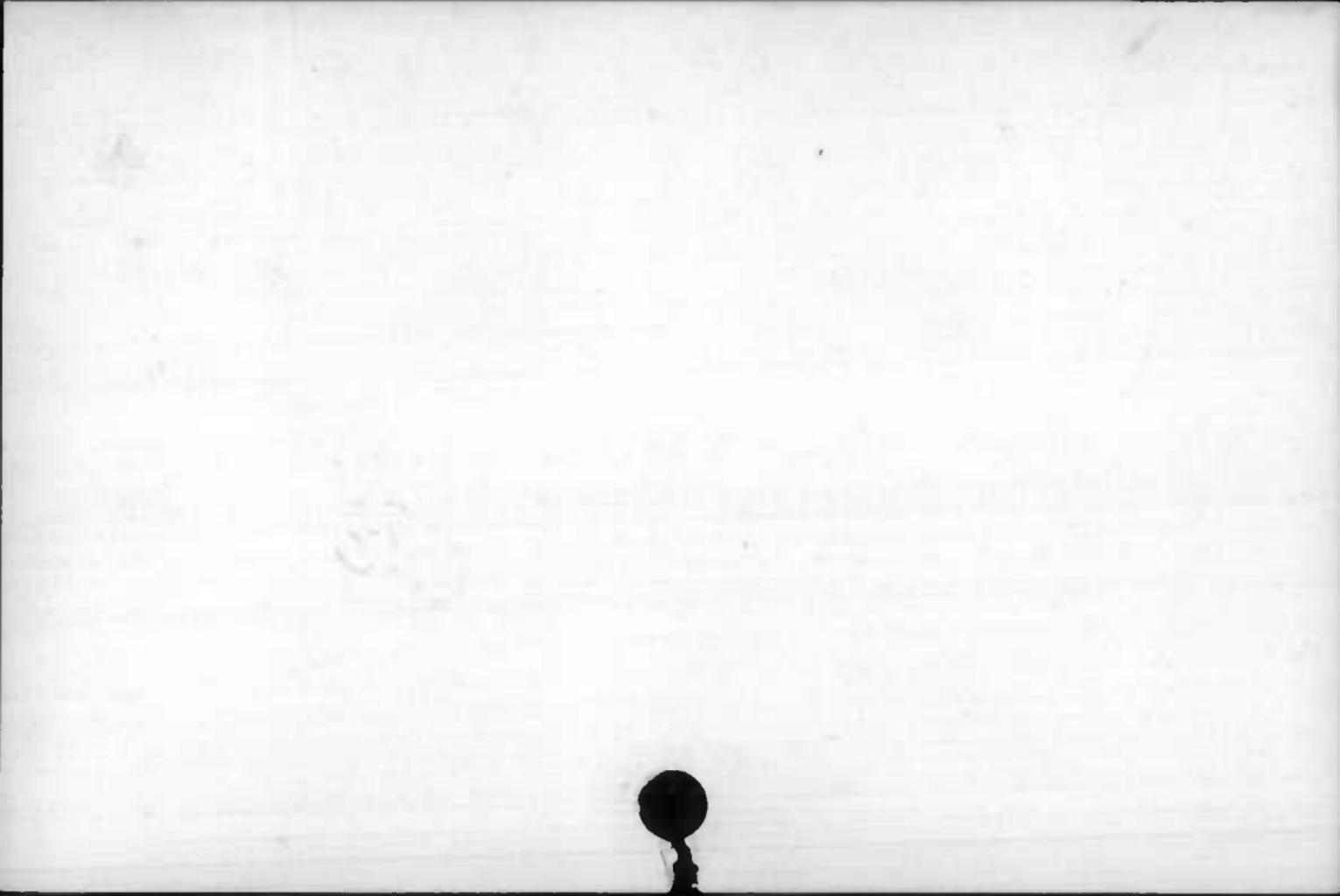
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. L. Wachter
Sabillasville Md.

Accident or Suicide?



Name
in
Full

Naomi Bell Harbaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Sabillasville		County	Frederick	
Date of death	Month	Day	Years	Months	Days
1909	March	2nd	Age	1	19
Sex	Female	Color or Race	White	Birth- place	Sabillasville
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				at place of death	
Father's Name	Maurice G. Harbaugh			Father's Birthplace	Frederick Co
Mother's Maiden Name	Maggie B. Harbaugh Brown			Mother's Birthplace	Washington Co
Name of person giving information	Maurice G. Harbaugh			How related to deceased	Father

CAUSES OF DEATH

93

How long

1 week

How long

1 day

PHYSICIAN
OR CORONER

Primary

Pneumonia
Convulsions

Immediate

Are the name, age, sex, color, date
and place correctly given above?

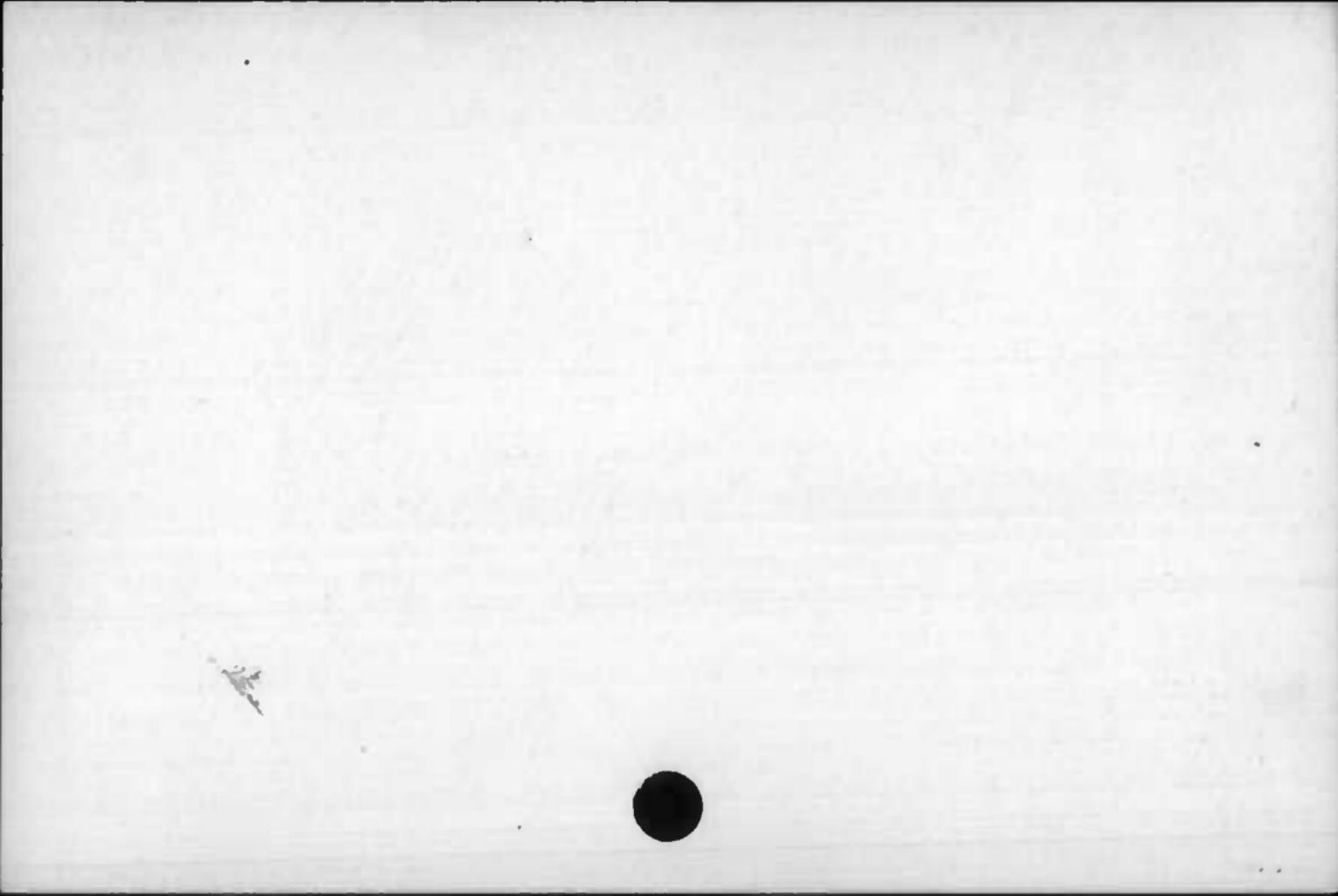
Signature of
Physician

G. L. Wachter

Address

Sabillasville Md

Accident or Suicide?



Name
in
Full

Martha Ellen Barnum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Year Unionbridge	Frederick		Month	Days
Date of death	1909 March	Day	7	Age	52
Sex	Female	Color or Race	White	Birthplace	Carroll Co Md
Occupation	Housewife				
Married, Single or Widowed	Married		Name of Husband	B. F. Barnum	
Father's Name	John. Baird		Unknown		
Mother's Maiden Name	Alice Campbell		Unknown		
Name of person giving Information	B. F. Barnum				

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Immediate

Pulmonary Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

27

How long

unknown

How long

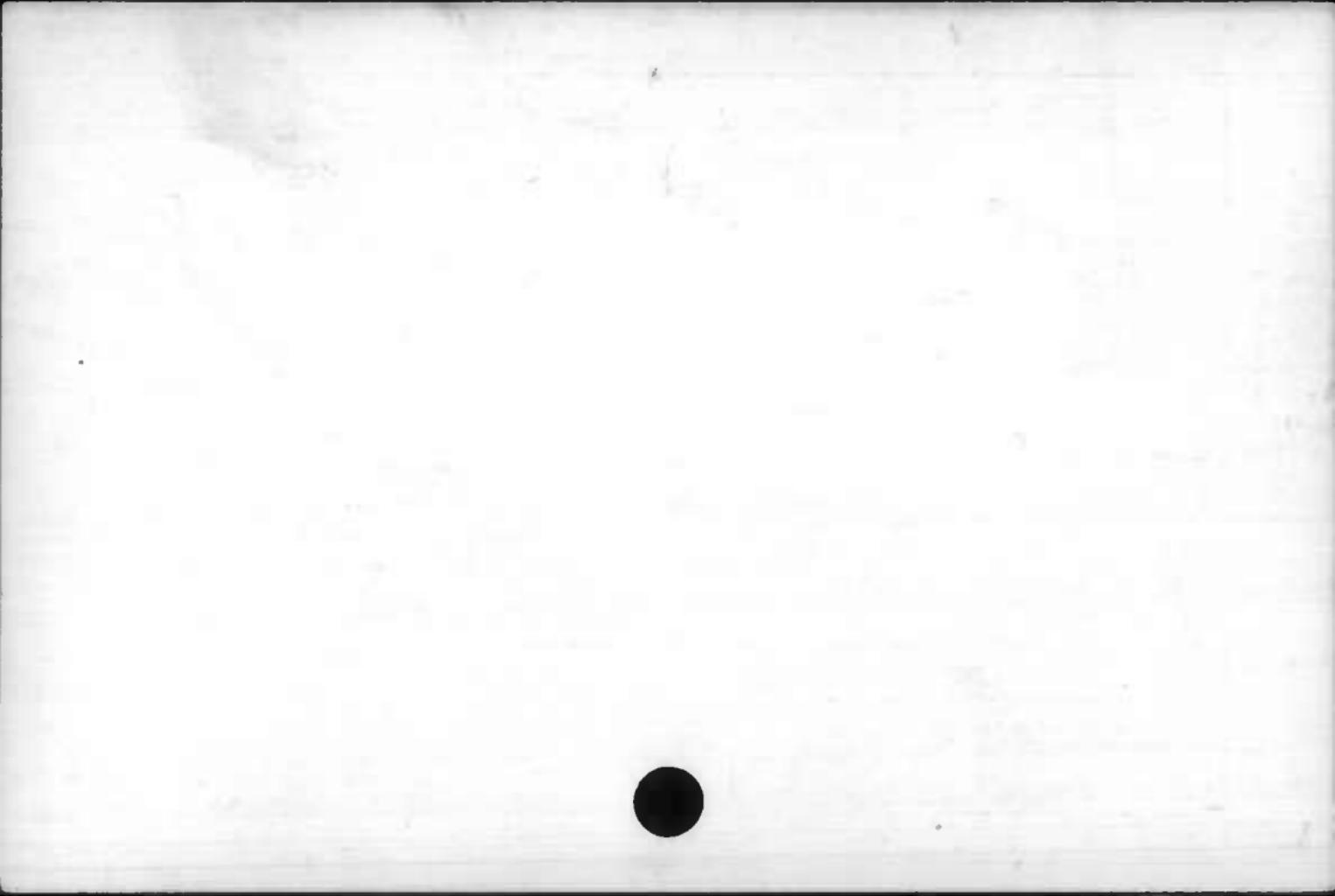
unknown

PHYSICIAN
OR CORONER

9

Accident or Suicide

no



Name
in
Full

Benjamin Randolph Nannis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentsville</u>		Town <u>Brentsville</u> County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>19</u>	Years <u>—</u>	Months <u>16</u>	Days <u>Days</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Brentsville, Md.</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Howard L. Nannis</u>			Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Mary C. Phelps</u>			Mother's Birthplace <u>Frederick Co., Md.</u>		
Name of person giving information <u>Frederick M. Knagle</u>			How related to deceased <u>not at all</u>		

CAUSES OF DEATH

95

Primary	<u>Pulmonary Congestion</u>	How long <u>few hours</u>
Immediate	<u>Asphyxia</u>	How long <u>short while</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Goodman.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Balthasine Nicker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	March	21	79	7	8	
Sex	Color or Race	Birthplace				
Female	white	Frederick Co. Md.				
Occupation	Where Residing if not at place of death					
Invalid						
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	Father's Birthplace					
George Nicker	Frederick Co. Md.					
Mother's Maiden Name	Mother's Birthplace					
Balthasine Schaeffer	Frederick Co. Md					
Name of person giving Information	How related to deceased					
Mrs. L. W. B. Davis	Niece					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Neck & kidney lesions		How long	Some years
Immediate	General Asthma		How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Nederix, M.D.	
Yes		Address	Frederick, Md.	
Accident or Suicide?				

Interment Mar 28 - 1809

" at Doubt Cemetery

Thomas P. Rice Esq.

Dr Hendrix

— — — —
Dr McCurdy

— — — —
Dr Goodell

Name
in
Full

Mrs Urlik A Horro

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1909		March	17	84	6	21	
Sex		Female	Color or Race	White	Birth-place	Maryland	
Occupation		Where Residing if not at place of death					
Married, Single, or Widowed		Name of Wife or Husband	Henry Horro				
Father's Name		James Daphoff			Father's Birthplace	Maryland	
Mother's Maiden Name		Anne Horro			Mother's Birthplace	Maryland	
Name of person giving information		Mrs Cora Morris Compton			How related to deceased	Granddaughter	

CAUSES OF DEATH

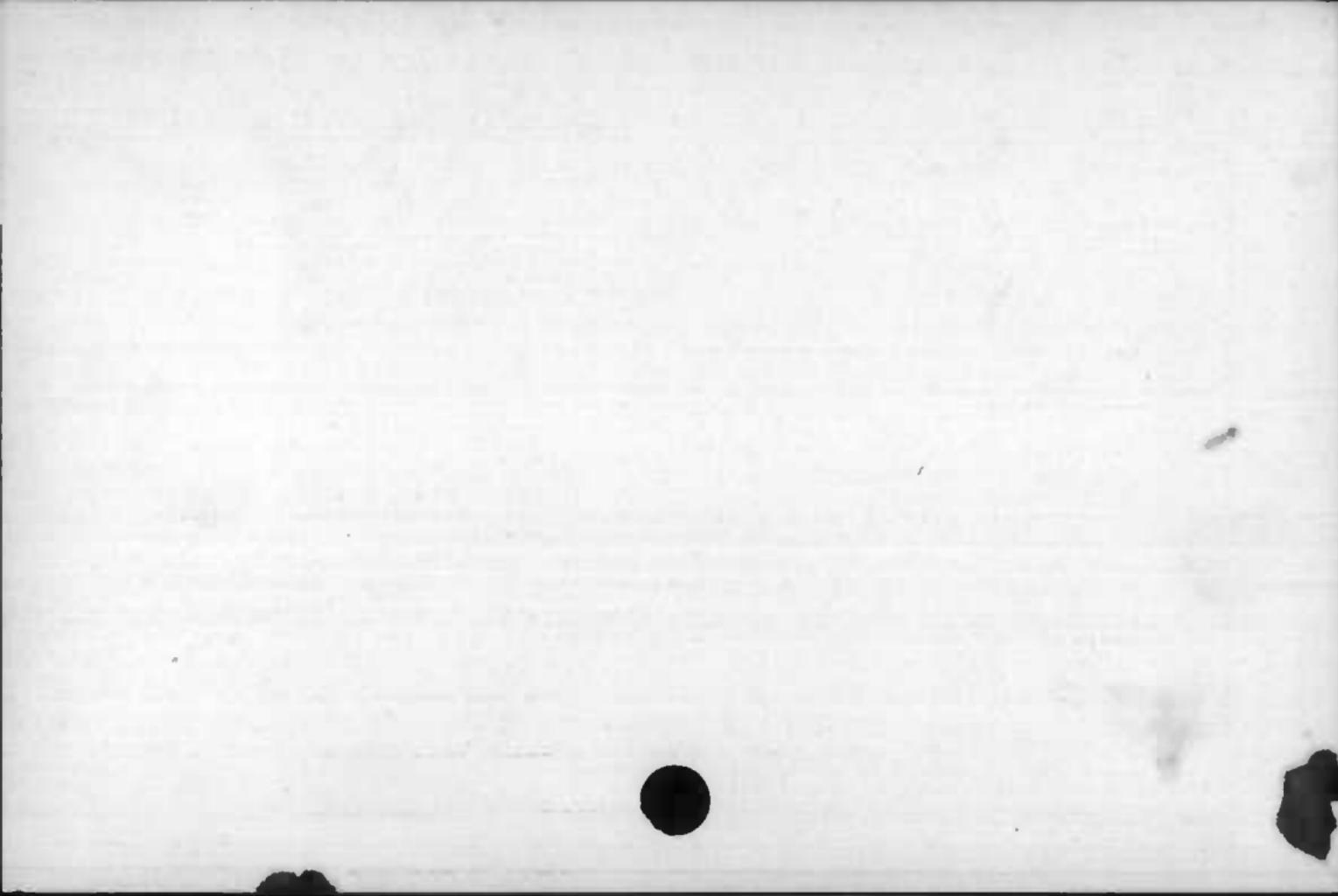
PHYSICIAN
OR CORONER

Primary	Bronchitis	
Intermediate	Exhauation	
Are name, age, sex, color, date etc. etc. correctly given above?		
Yes	Signature of Physician	Address
	R. Hedges M.D.	
	Baltimore Md	
Accident or Suicide?		

90

4 weeks

5 days



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac Stuck

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month Mar	Day 17	Years 72	Months 0	Days 20	
Sex	Male	Color or Race	white		Birth-place	Induus Co	
Occupation	Farmer		Where Residing if not at place of death		Harwood		
Married, Single or Widowed	Maided	Name of Wife or Husband	Caroline Mark				
Father's Name	Peter Stuck				Father's Birthplace	Fred Co	
Mother's Maiden Name	Marie Sevral				Mother's Birthplace	" "	
Name of person giving information	W. L. Anger				How related to deceased	Unrelated	

CAUSES OF DEATH

125

Primary Chronic Prostatitis and Cystitis.

How long

Several years.

Immediate Prostatectomy

How long

Six days.

Are the name, age, sex, color, date and place correctly given above?

Yes

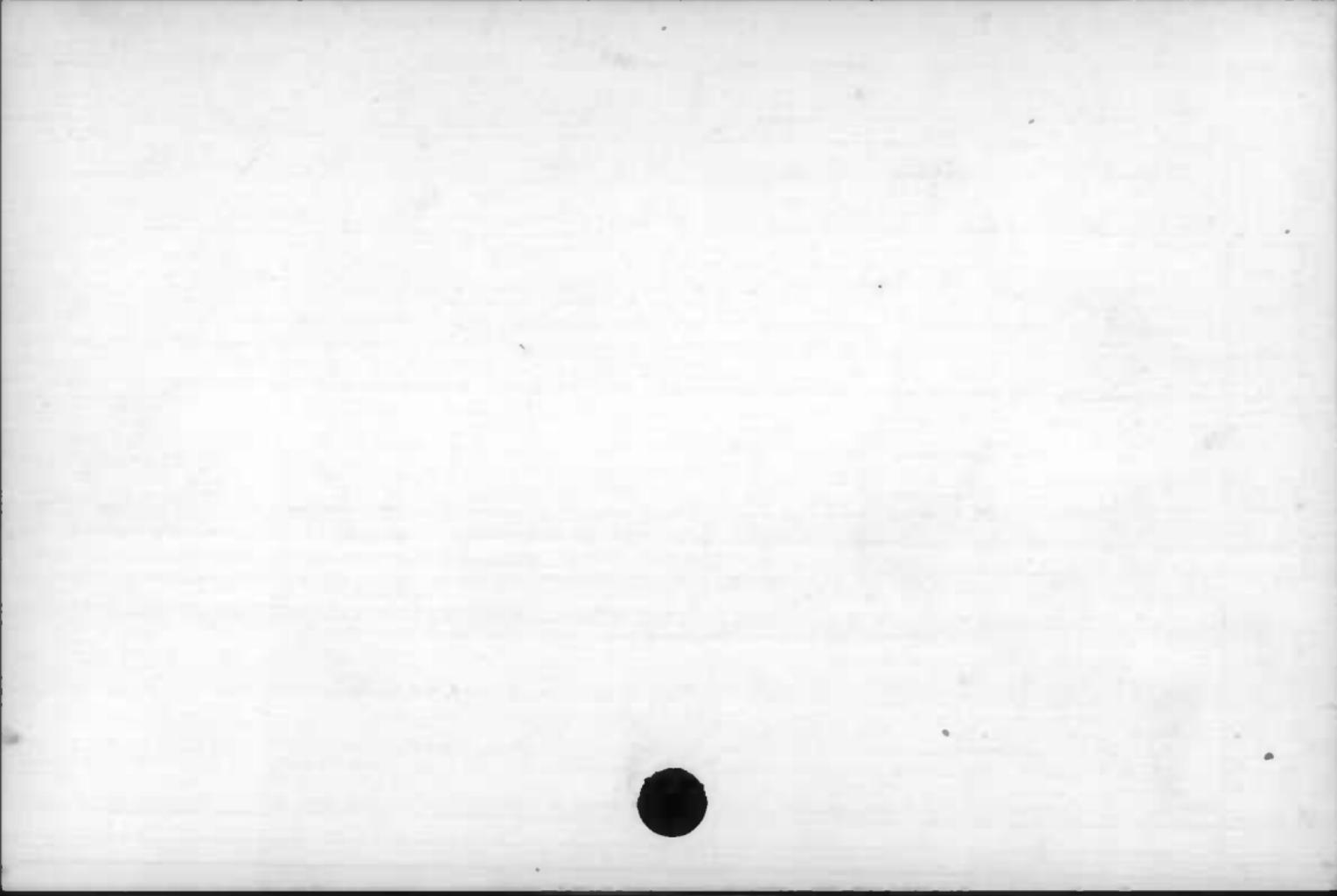
Signature of Physician

J. B. Johnson

Address

Induus Md.

Induus Md.



Name
in
Full

Sanford Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Fredericks	Fred	Co	Months	Days
Date of death	1909	Month	30	Age	—
Sex	Male	Color or Raca	White	Birth-placa	W. Laurell
Occupation	—	Where Residing if not at place of daath			—
Marriad, Single or Widowed	—	Name of Wife or Husband			—
Father's Name	John Jackson	Father's Birthplace			M H
Mothar's Malden Name	Daisy Swope	Mother's Birthpiece			Frederick M
Name of person giving Information	Eugene Sponseller	How related to deceased			Not at all.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Slice house

Immediate

Are the name, age, sex, color, date and pleca correctly given above?

Yes

Signature of Physician

Address

8

How long

How long

Not Given

Mrs G. McCawes
Frederick Mr.

Accident or Suicide

Obenderfer & Son

Name
in
Full

Howard Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Elmwood	Fredrick			
Date of death	Month	Day	Years	Months	Days
1909	Mar	26	2	2	
Sax	male	Color or Race	Black	Birth-place	2nd
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Jackson	Father's Birthplace	Md		
Mother's Maiden Name	Josephine Gross	Mother's Birthplace	Md		
Name of person giving Information	Josephine Gross	How related to deceased	Mother		

CAUSES OF DEATH

92

Primary

Chronic Bronchitis

6 mrs

Immediata

Bronchopneumonia

How long
3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Leon West

Bronowick
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Jackson

CERTIFICATE OF DEATH

Town

County

Died at Monteau spot

Fredricks

MARYLAND

Date
of death 1909

Month

Day

Years

Months

Days

Age 80

3

6

—

—

—

Sex Female

Color or
Race

Black

Birth-
place

Fredricks Co Md

Occupation

House Maid

Where Residing if not
at place of death

Jefferson Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Birthplace

Maryland

Father's
Name

Peter Jackson

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Philip Jones

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Aproplex

64

How long

Several Days

Immediate

Convulsions

How long

" hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.G. Brown M.D.
Fredericks
Md

Accident or Suicide

—

Interment Apr 7- 1909

at Government Cemetery

Thomas P. Rice M.D.

Dr Bocenne

Dr Goodell

Dr McCusdy,

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

J Edward Jones

Town

County

MARYLAND

Died at Middletown

Fredricks

Date
of death

Month

Day

Years

Months

Days

1909 March

4

Age 61

0

4

Sex

Male

Color or
Race

White

Birth-
place

New York State

Occupation

Butter maker

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma A Gross

Father's
Name

J E Jones

Father's
Birthplace

State N Y

Mother's
Maiden Name

Ann E Jones

Mother's
Birthplace

State N Y

Name of person giving
Information

Emma A Jones

How related
to deceased

wife

CAUSES OF DEATH

119

How long

8 wks

How long

3 days

Primary

Acute Bright's Disease

Immediate

Oedema of Lungs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E L Beckley

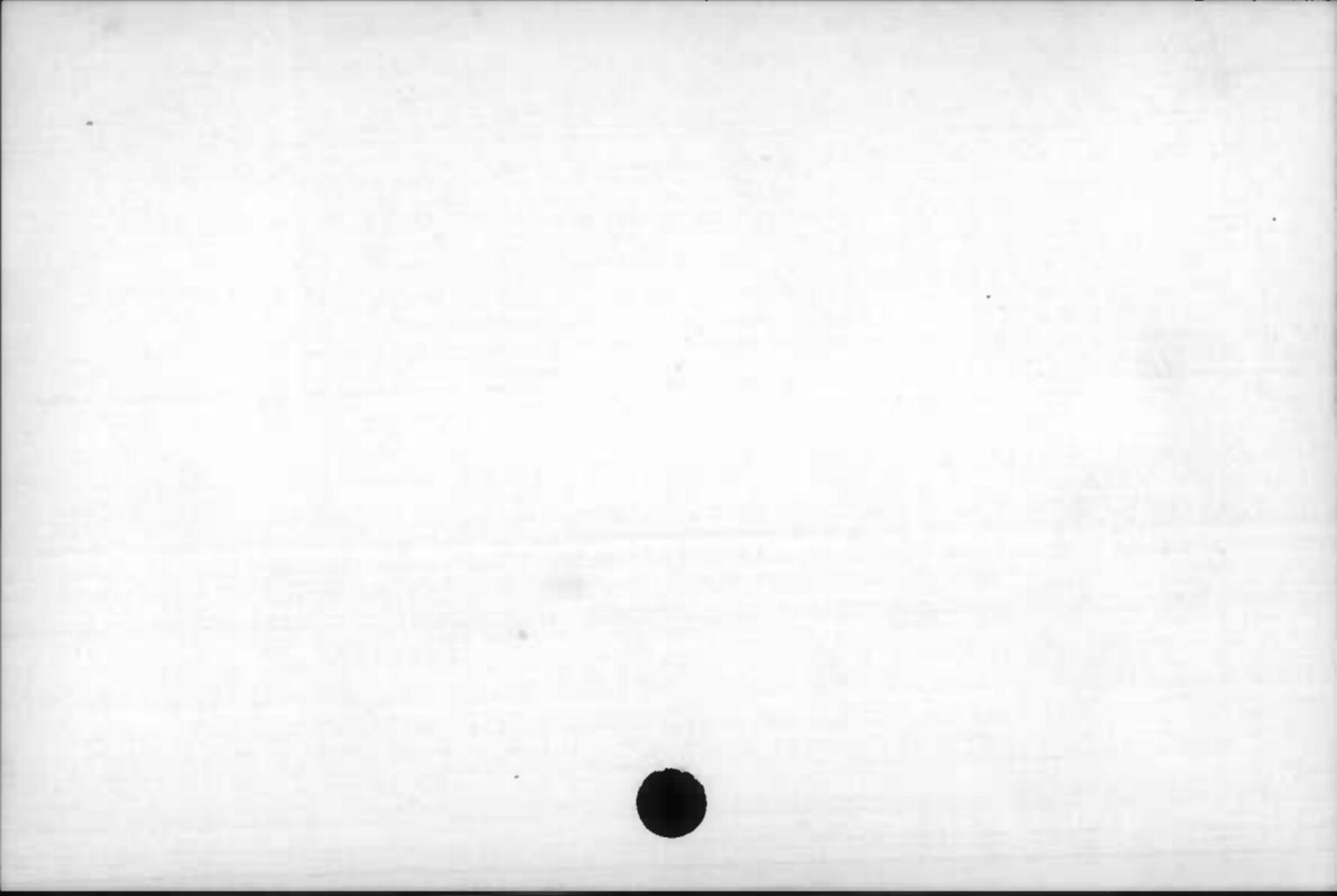
Address

Middletown

Dad.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Wm H Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Mar.	Day 26	Years 71	Months 10	Days 8
Sex	Male	Color or Race	white			
Occupation	Machine			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Virginia Jones.			
Father's Name	James R. Jones.			Father's Birthplace		
Mother's Maiden Name	Da nes. Kins			Mother's Birthplace		
Name of person giving information	Virginia Jones			How related to deceased		

CAUSES OF DEATH

66

Primary

Stroke - Sclerosis

How long

Gradual.

Immediate

Paralysis

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

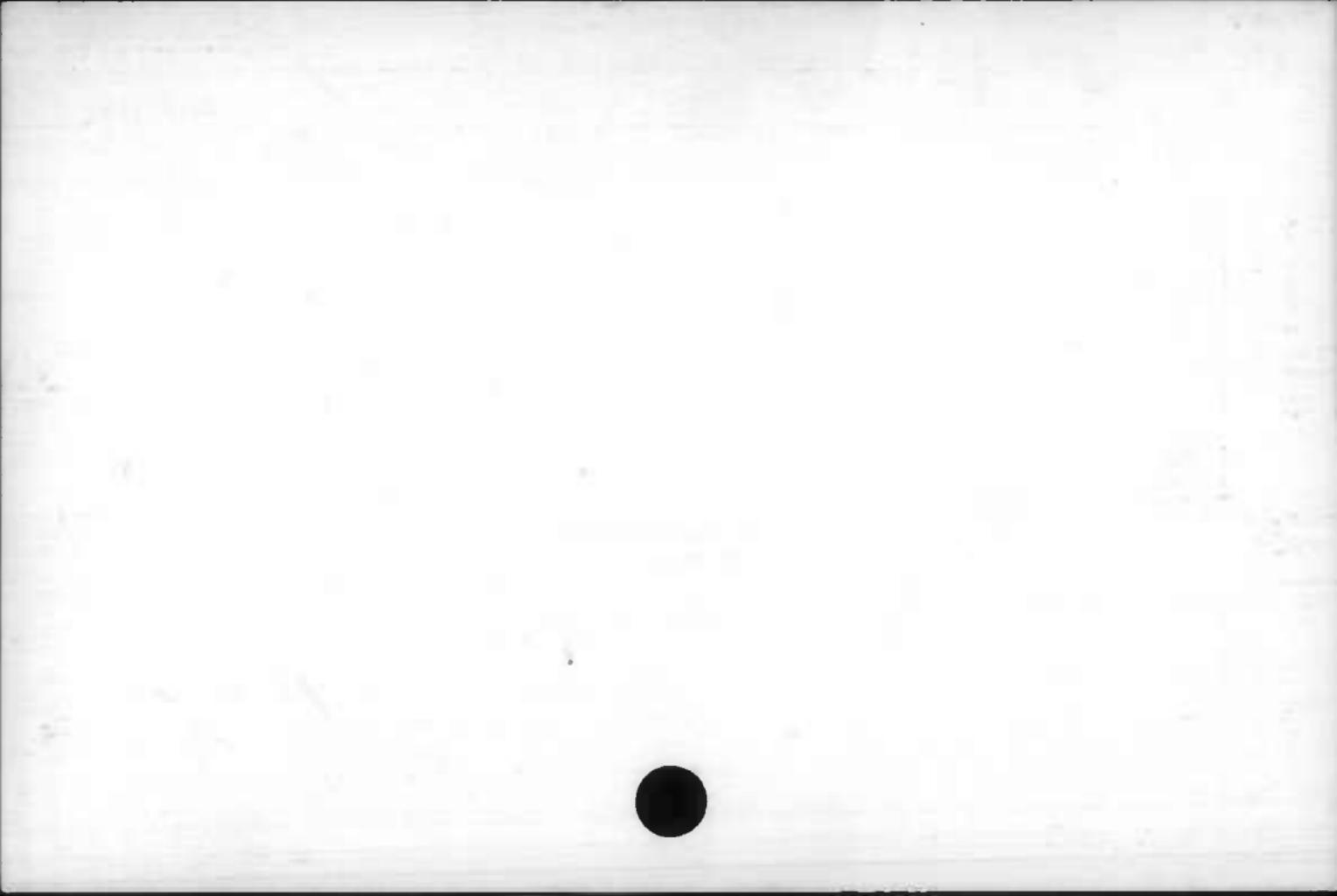
Signature of Physician

Address

J. R. Johnson,

Individ. Ind.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>George. W. Kling</i>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1909	March	20	70	70	18	9	
Sex	Male	Color or Race	White -		Birth-place	maryland	
Occupation	Labours.		Where Residing if not at place of death				
Married, Single or Widowed	Single.		Name of Wife or Husband				
Father's Name	David Kling				Father's Birthplace	Maryland	
Mother's Maiden Name	Susanna. Stilely				Mother's Birthplace	Maryland	
Name of person giving information	Preston Favonille				How related to deceased	Nephew.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Arasnia

How long

2 days.

Immediate

Pulmonary edema

How long

1 hour.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

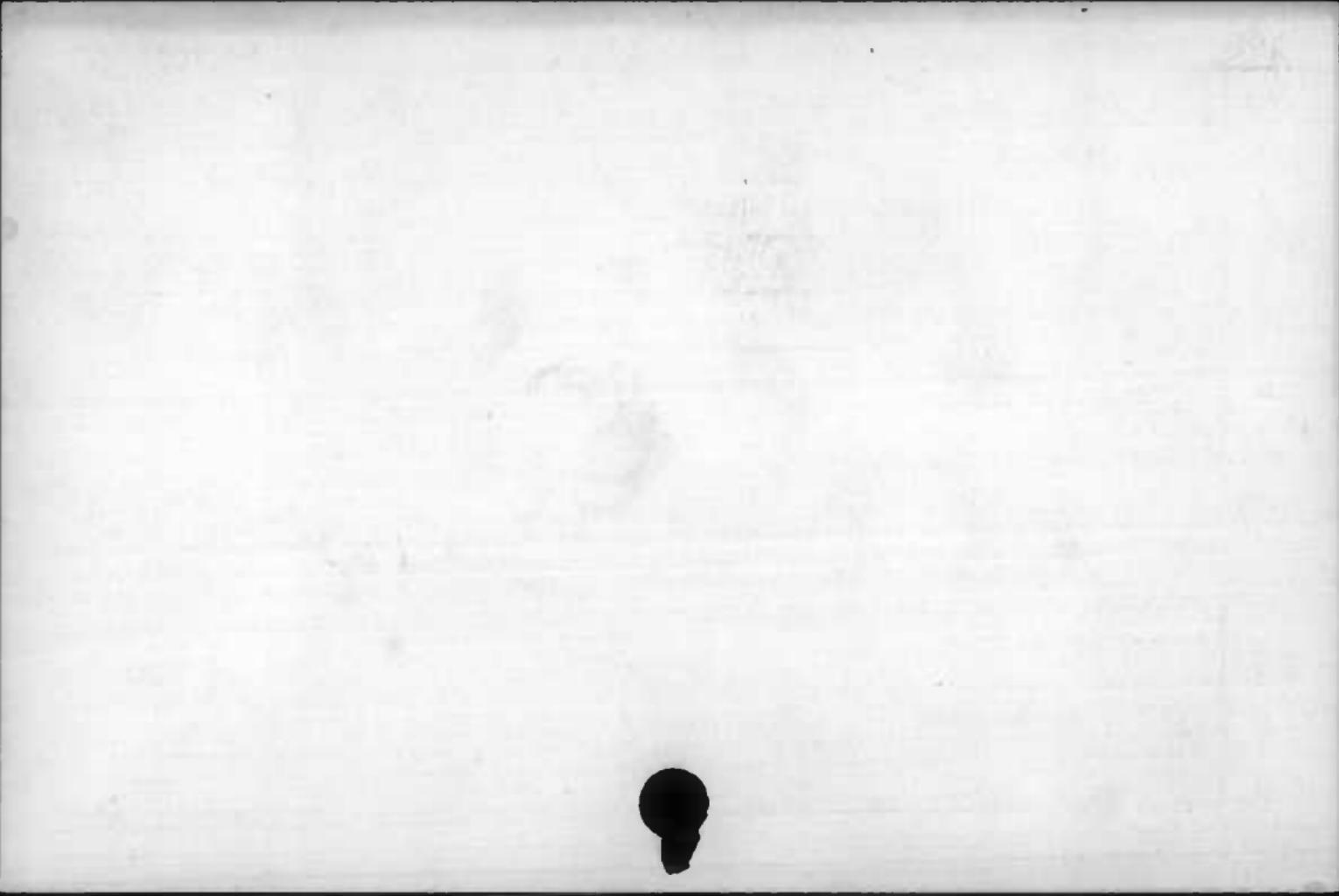
Address

A. S. Lyons.

Thedford

MD.

Accident or Suicide?



Name
in
Full

Mary Louise Kolt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	March	30	—	6	27		
Sex	Color or Race		Birth-place				
Female	White		Greagertown				
Occupation	Where Residing if not at place of death about half a mile from						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Charles P. M. Kolt						
Mother's Maiden Name	Nettie R. Ramsburg						
Name of person giving Information	Nettie R. Kolt						

CAUSES OF DEATH

61

Primary	Yellowing and Meningitis	How long	Two weeks
Immediate	General Asthenia	How long	Three days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

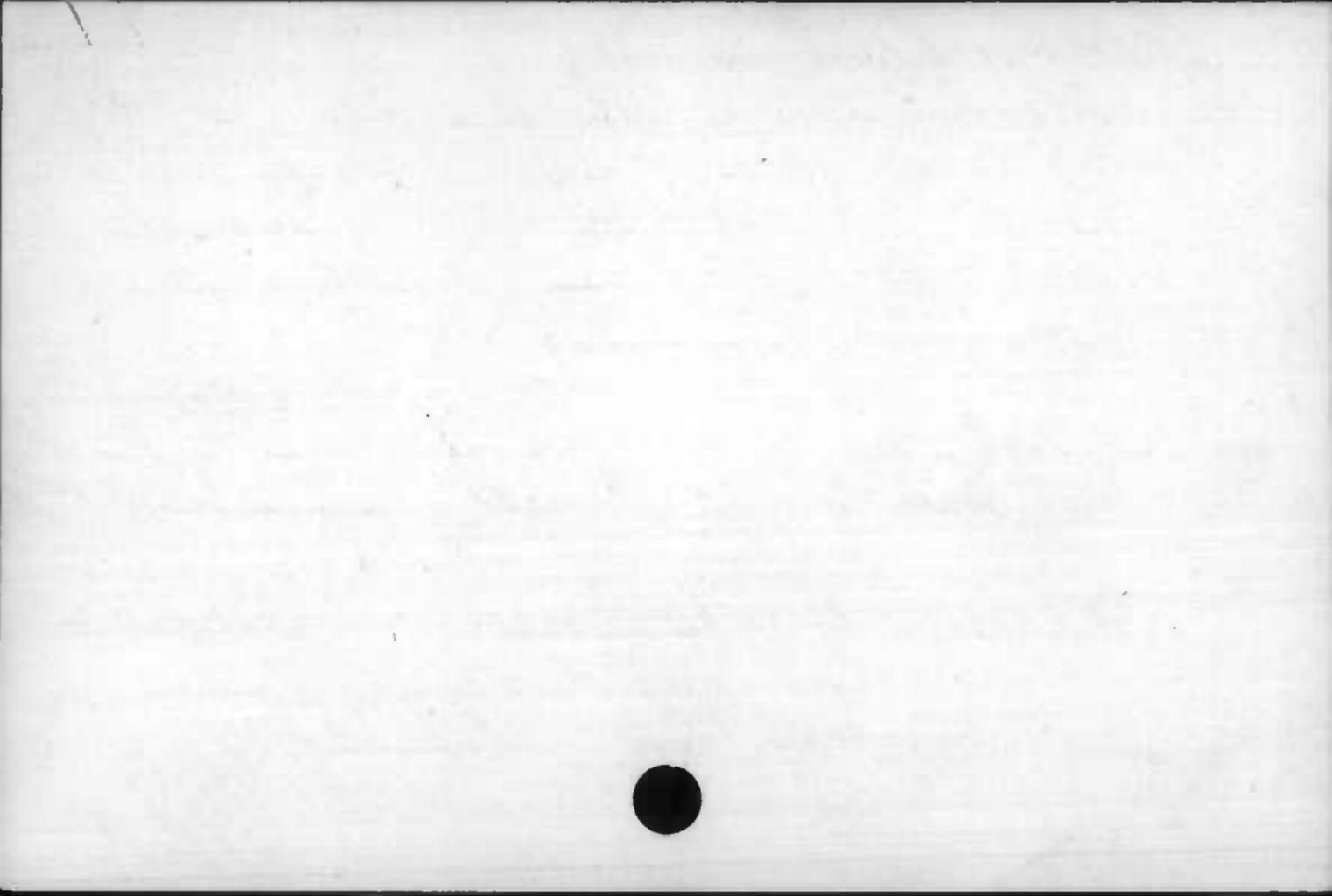
Yes

Signature of Physician

Address

J. D. S. Young
Greagertown
Frederick Co

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

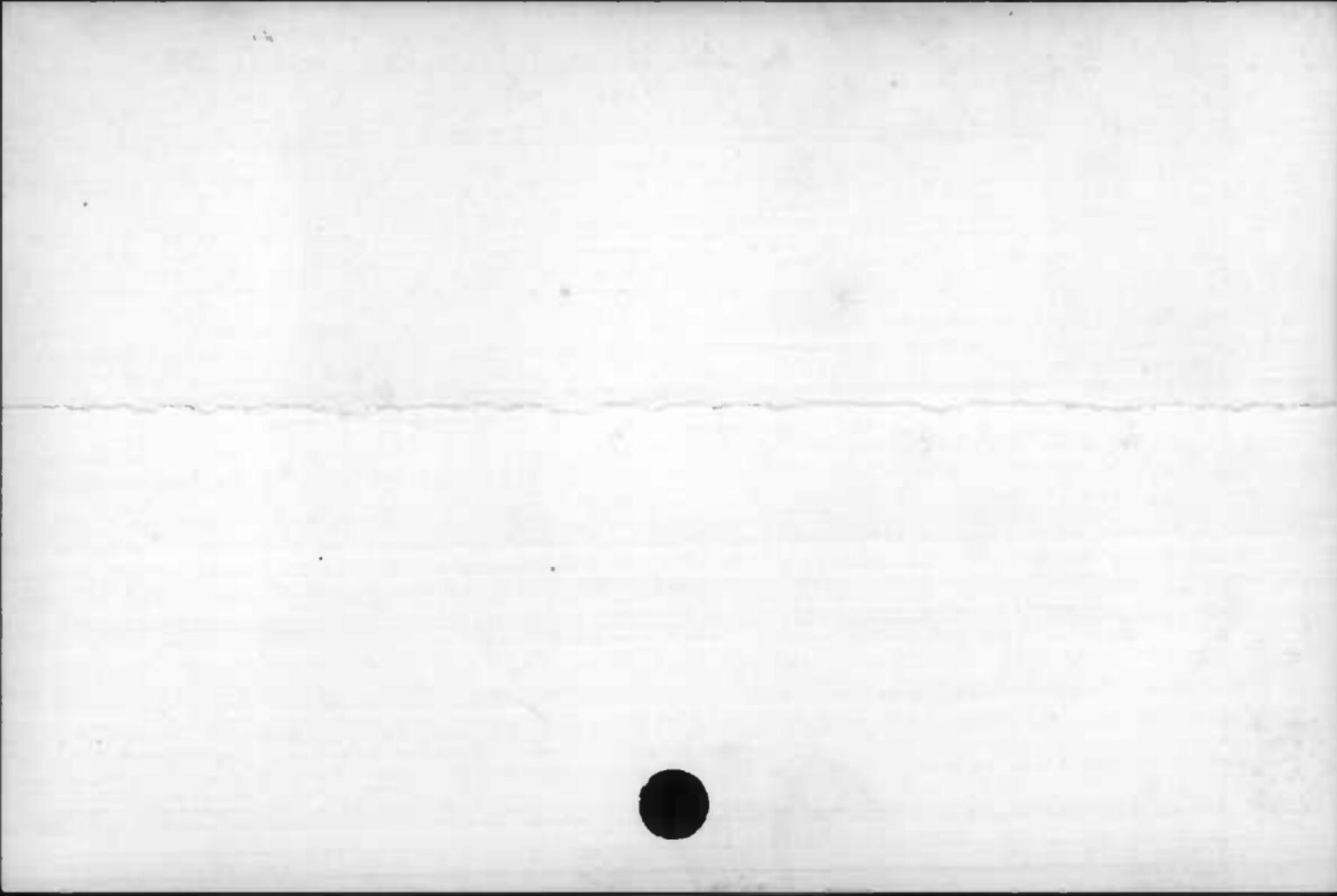
Gerome Lawrence						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1909		Month	Day	Years	Months	Days	
Inch.		29	Age	70	0	0	
Sex	Male		Color or Race	White			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Widow		Name of Wife or Husband	Dead (Unknown)			
Father's Name	John Lawrence						
Mother's Maiden Name	not known						
Name of person giving Information	Miss. Clayton Tsoell						
CAUSES OF DEATH							
Primary	Chronic Bright's Disease						
Immediate	120						
Are the name, age, sex, color, date and place correctly given above?	How long						
yes	3 years -						

Signature of Physician

Address

H. D. Stone,
Emmitsburg
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaiah Leatherman				CERTIFICATE OF DEATH		
Died at Woodsboro		Town, Month		County		MARYLAND
Date of death	1909	March	Day 25	Years 83	Age	Months 5 Days 4
Sex	Male	Color or Race	White	Birthplace near Ellertown, Maryland		
Occupation	Farmer		Where Residing if not at place of death Woodsboro			
Married, Single or Widowed	Sarah Ann Leatherman					
Father's Name	Daniel Leatherman		Father's Birthplace			
Mother's Maiden Name	Auk		Mother's Birthplace			
Name of person living in family	Mrs. E. M. Powell		How related to deceased Daughter			

CAUSES OF DEATH

154

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

How long

H. H. Gable,
Woodsboro,
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Emmitsburg</u> <small>Town</small>		County <u>Frederick</u>			
Date of death <u>1909</u>	Month <u>January</u>	Day <u>12</u>	Years <u>82</u>	Months <u>9</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Reno</u>			
Occupation <u>Religious, Fraternity</u>	Where Residing if not at place of death <u>F</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Le Gros.</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Jane Reese</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving information <u>Dr. Bernard Orendorf</u>	How related to deceased <u>none</u>				

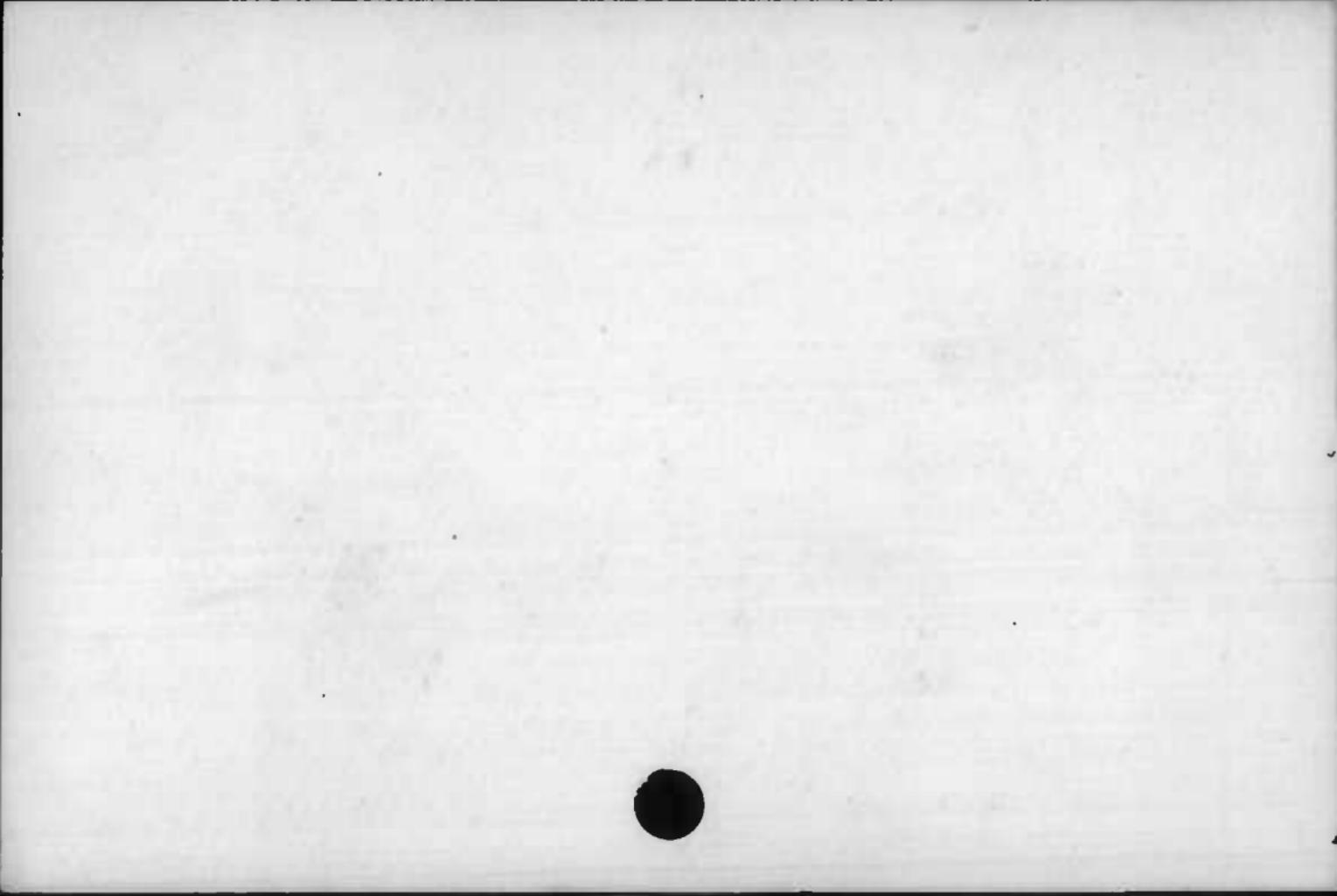
fall forward on head from aspir. CAUSES OF DEATH
Primary Injury from Fall, Face and Head 166
How long

Immediate Conussion of the Brain 10 days
How long

Are the name, age, sex, color, date and place correctly given above? Yes John B. Brown M.D.
Signature of Physician

Address Emmitsburg

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

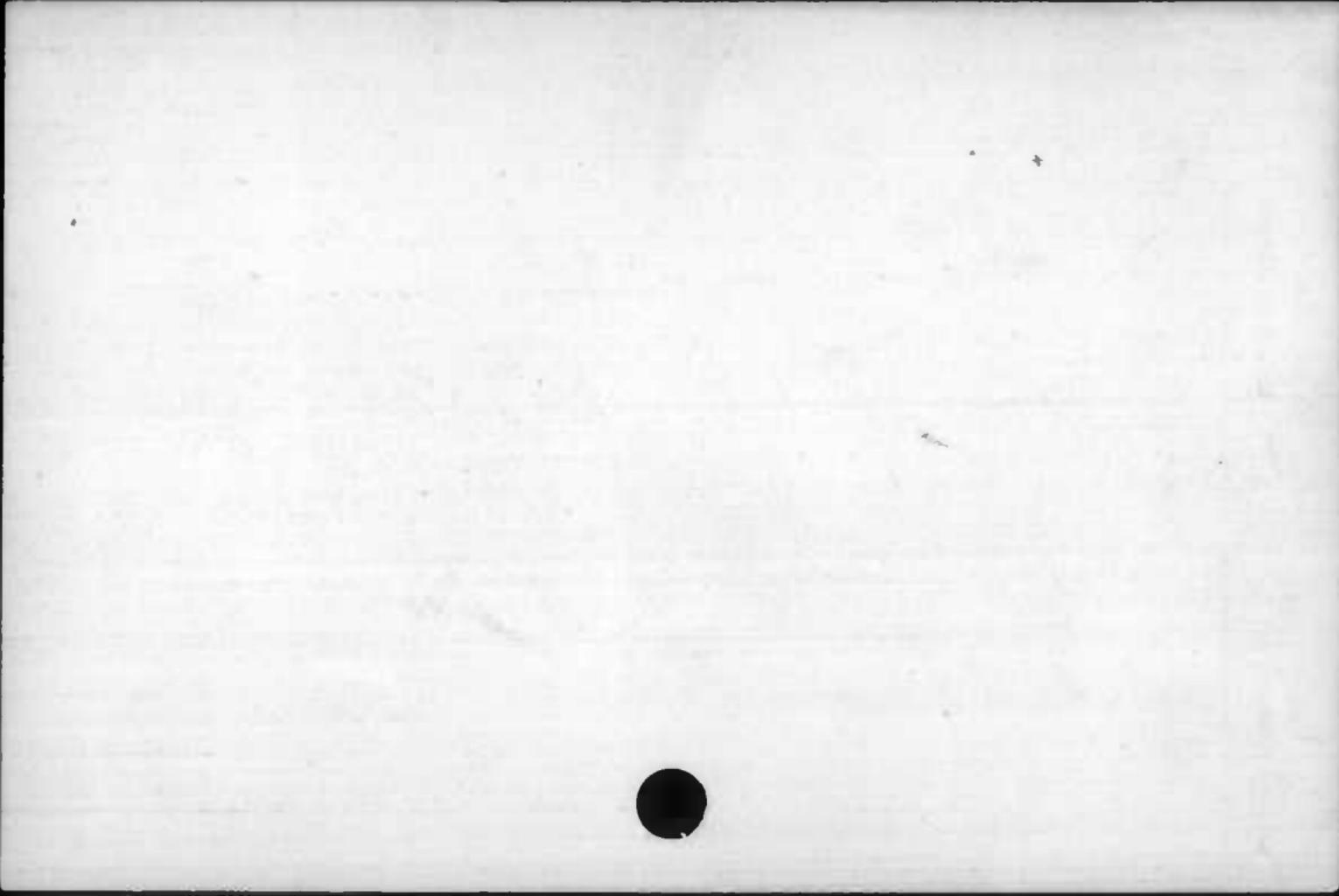
PHYSICIAN
OR CORONER

Dr Joseph H Leib

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month March	Day 5	Years 52	Months 5	Days 14	
Sex	Male	Color or Race	White	Birth-place	York Co Pa		
Occupation	Dr of Medicine		Where Residing if not at place of death	Mt Pleasant Md			
Married, Single or Widowed	Name of Wife or Husband		Blanche Diller		Father's Birthplace	York Co Pa	
Father's Name	John Henry Leib		Mother's Birthplace		York Co Pa		
Mother's Maiden Name	Mrs Dorothy Seymour		Name of person giving information		How related to deceased		
Mrs Blanche Leib		Wife		79	How long	2 months	
CAUSES OF DEATH		How long		6 days.			
Primary	Chronic Myocarditis		How long		6 days.		
Immediate	Anginal Pectoris		How long		2 months		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Yes		Thos B Johnson		Frederick, Md.			
Accident or Suicide?							

Accident or Suicide?



Name
in
Full

✓
Harry S. Lippy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Near Died at		Town	County		MARYLAND	
No. Haig		Fredrick				
Date of death	Month	Day	Years	Month	Days	
1909	3	26	30	4	16	
Sex	Male	Color or Race	White	Birth- place	Frederick Md	
Occupation	Labores		Where Residing if not at place of death	Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Bessie Stone	Father's Name	Maryland	
Mother's Maiden Name	Meany	E Poole		Mother's Birthplace	"	
Name of person giving Information	Mrs. Bessie Lippy		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

70

How long

Immediate

Comasious

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. E Stone Md.

Address

Met Pleasant
Md.

Accident or Suicide

suicide?

Interment Mar 28- 1909
" at Mt Olivet Cemetery
Thomas P. Rice F. D.

or Stone

or Goodell

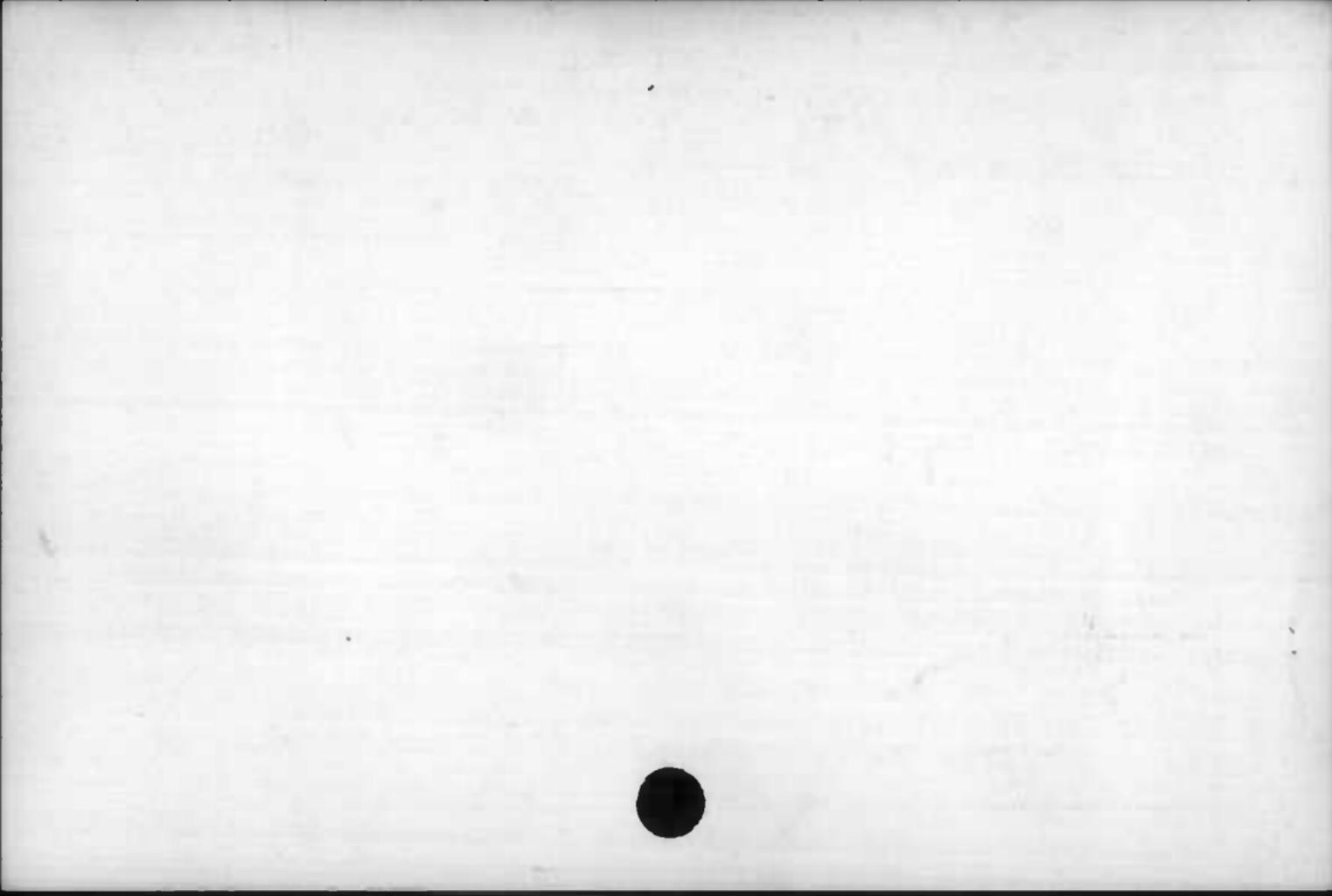
or McCurdy.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	1909	Month Mar	Day 31	Years 58	Months 7	Days 18
Sex	Male	Color or Race	White		Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband		Hanna Long			
Father's Name	Jacob Long		Father's Birthplace		Germany	
Mother's Maiden Name	Catharine Olson		Mother's Birthplace		Germany	
Name of person giving Information	John T Long		How related to deceased		Brother	
CAUSES OF DEATH						
Primary	Tuberculosis of Lungs		27	How long	3 years -	
Immediate	Exhaustion			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		H. D. Slattery	
			Address		Baltimore, Md.	
Accident or Suicide?						



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(J)

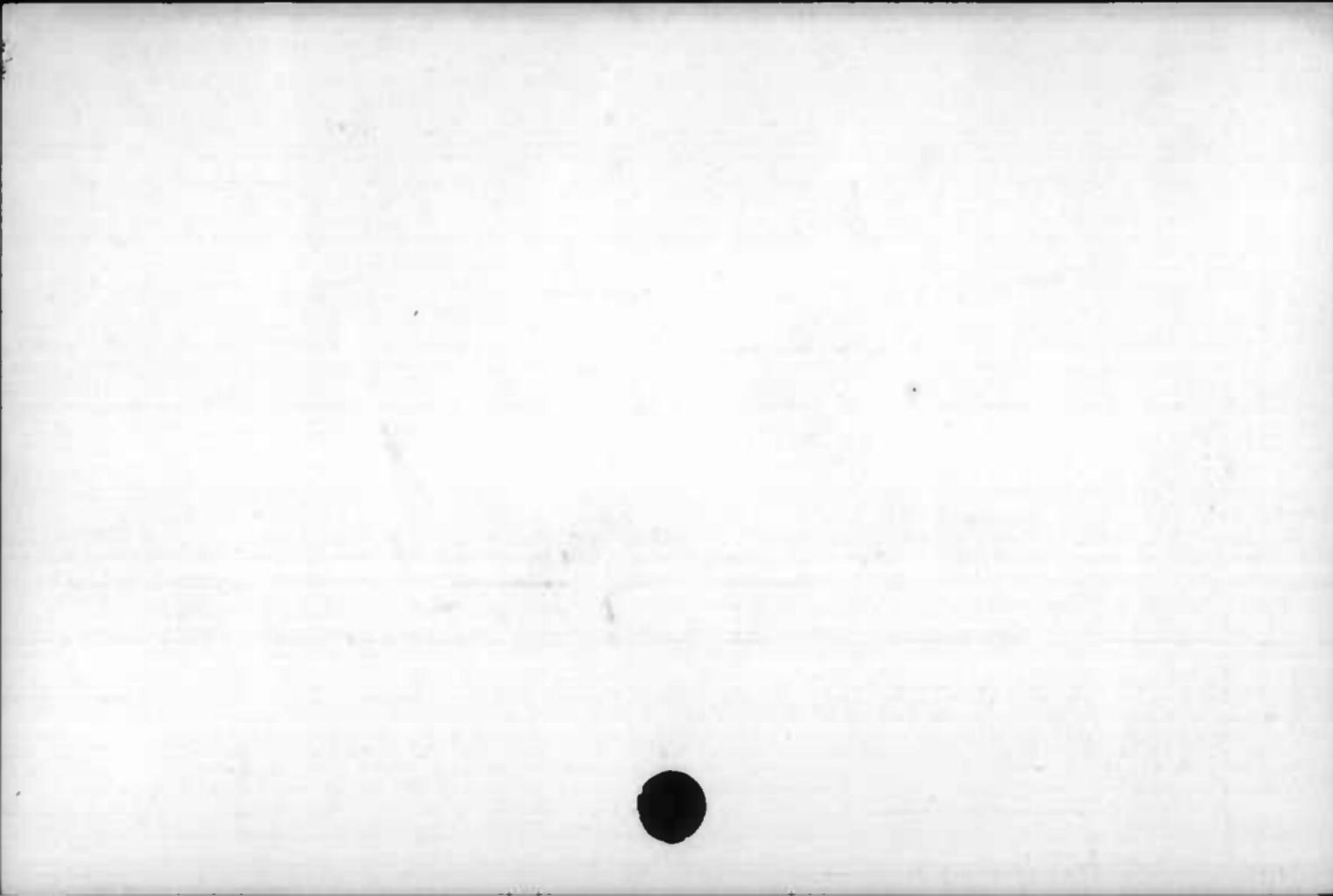
Joshua Thomas Lucas

CERTIFICATE OF DEATH

Died at Burkittsville		Town	Fred.		County	MARYLAND	
Date of death 1909	Month Mar.	Day 6	Age 23	Years	Months 0	Days 0	
Sex Male	Color or Race Colored			Birth-place	Burkittsville, Md.		
Occupation Laborer	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband				Father's Birthplace	Charles, Ind.	
Father's Name Joshua Thomas Lucas				Mother's Birthplace	" " 67		
Mother's Maiden Name Charlott Haller				Name of person giving information	How related to deceased	Brother	
Albert Lucas							

CAUSES OF DEATH

Primary	Fyblvid Fever -	How long	six weeks
Immediate	diarrhea	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. A. Poole, M.D.
		Address	Burkittsville -
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Abraham Mikesell

CERTIFICATE OF DEATH

Died at Araby		Town Town		County Frederick		MARYLAND	
Date of death	1909	Month	3	Day	9	Years	78.
Age		Months	3	Days	1		
Sex	Male	Color or Race	White	Birth-place	Baltimore	same as above	Araby Md
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	—		—		
Father's Name	John Mikesell		Father's Birthplace	Baltimore			Carroll Co. Md
Mother's Maiden Name	Rebecca Derr		Mother's Birthplace	" "			" "
Name of person giving information	Mrs. F. Hall		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis

How long

5 years

Immediate

Senile Insanity

How long

20 days

Are the name, age, sex, color, date and place correctly given above?

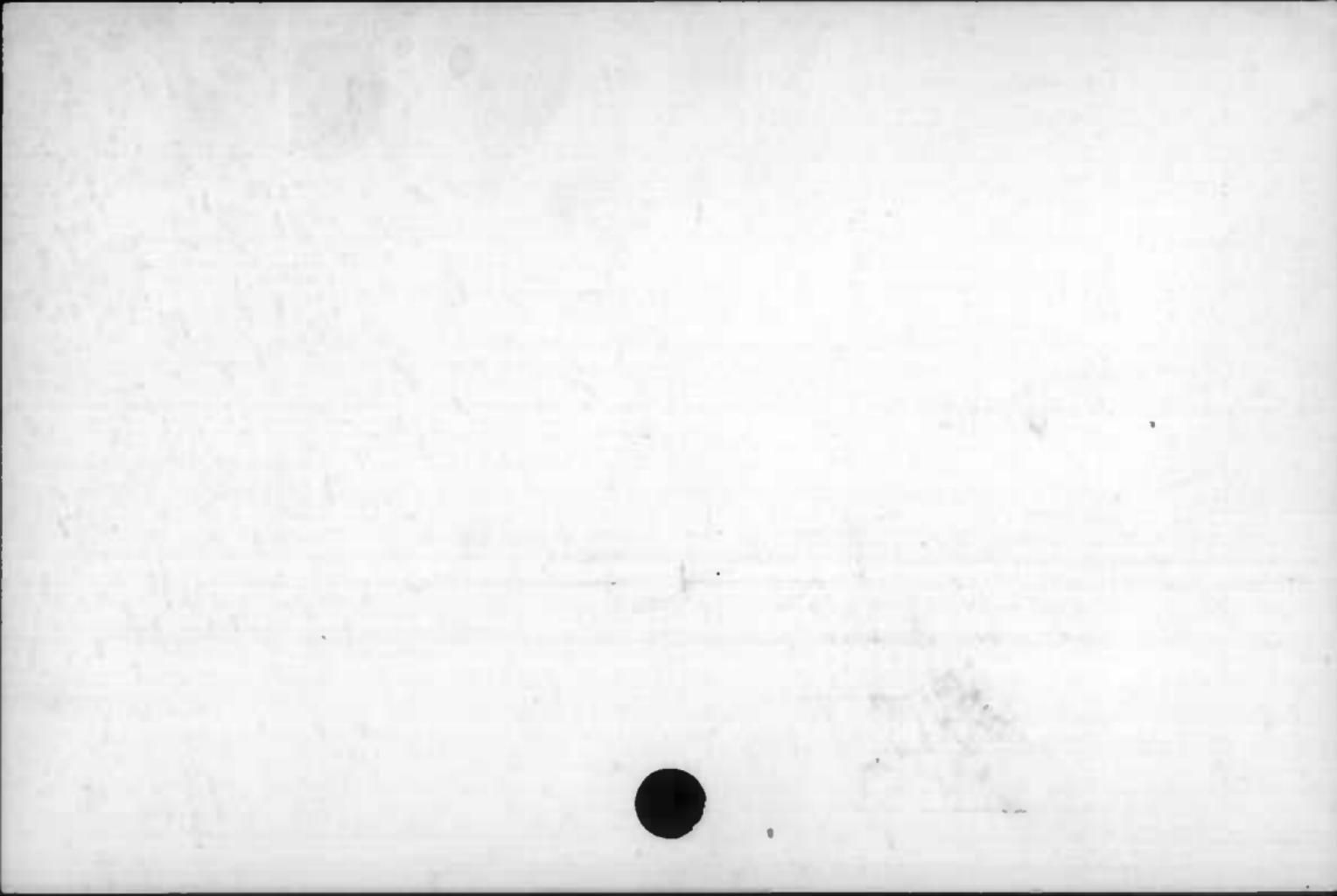
Signature of Physician

T.B. Johnson.

Address

Frederick Md.

Accident or Suicide?



Name
in
Full

Williams Spangler Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	3	16	Age 84
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Retired	
Father's Name	George Miller		
Mother's Maiden Name	Maria Spangler		
Name of person giving information	Mrs W S Miller		

CAUSES OF DEATH

81

Primary Arterio sclerosis
How long 4 years
Immediate Exhaustion How long 1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. B. Johnson
Frederick, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Name
in
Full

Mrs. Hattie A. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>City Hospital</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>28th</u>	Age <u>55</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>City Hospital</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>—</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

43

Primary Carcinoma of Breast
Operated upon 4 years ago
Immediat Inoperable
Recurrent carcinoma of Abd. glands

How long 6 months
before operation.

How long 2 months

PHYSICIAN
OR CORONER

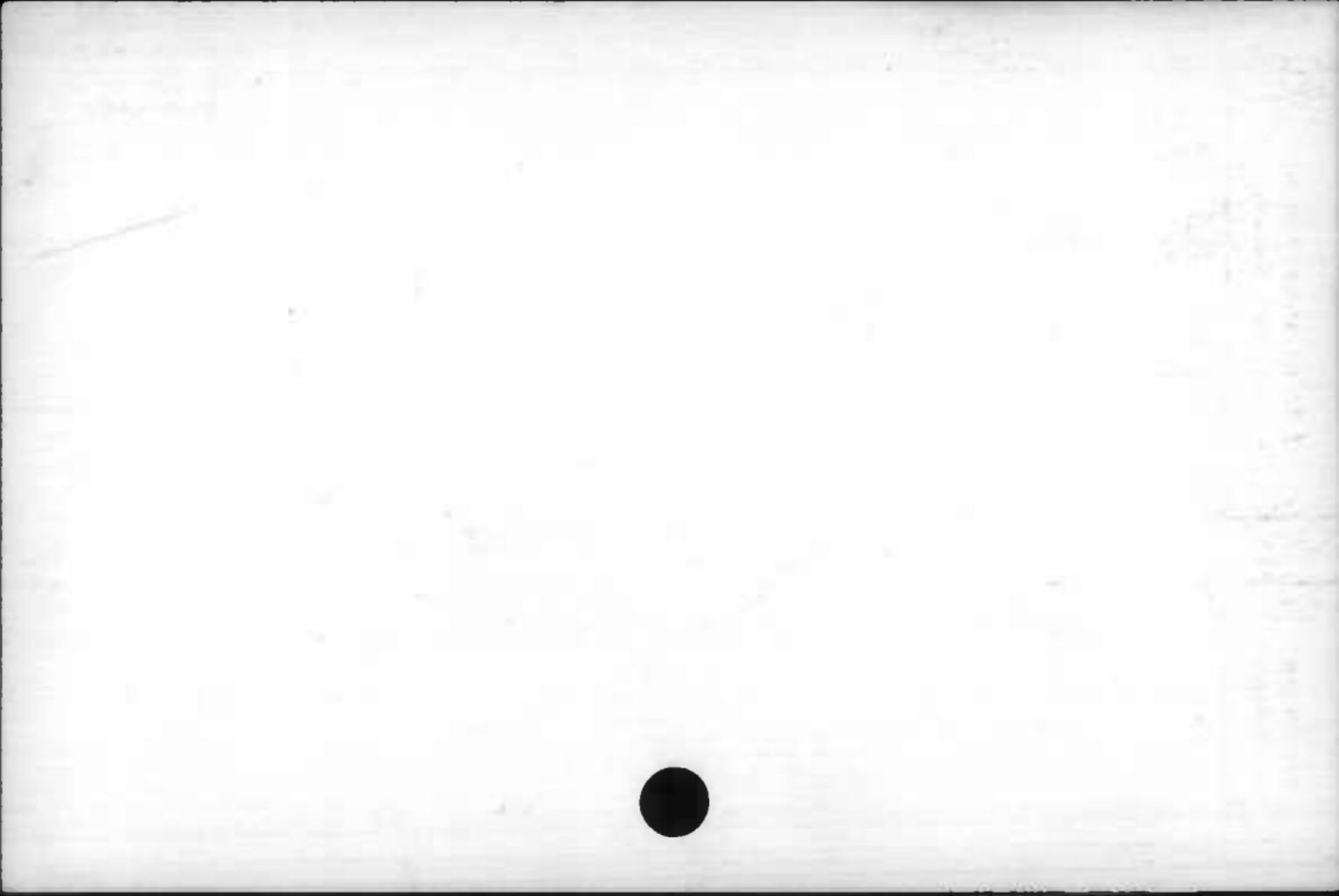
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T B Johnson.
Frederick, Md.

Accident or Suicide



Name
in
Full

Jennie Estelle Moose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Frederick		County Frederick		MARYLAND	
Date of death 1909	Month 3	Day 27	Age 23	Month 9	Days 19
Sex Female	Color or Race White	Where Residing if not at place of death		Place of death	
Occupation House Wife	Name of wife or Husband Ira V. Moose		Married, Single or Widowed Married		Father's Name W. Scott. Van Fossen
Mother's Maiden Name Harriet Autrow		Father's Birthplace Frederick		Mother's Birthplace Frederick	
Name of person giving Information Ira V. Moose	How related to deceased Husband		How long known 5 days		How long attended 3 days

CAUSES OF DEATH

26

Primary

Tuberculosis of throat only known
attack of acute Pleurisy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

H. H. Hedges
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 30. 1909
" at Mt. Olivet Cemetery

Thomas P. Rice F. A.

Dr. Hedges

— —
Dr McCurdy.

Name
in
Full

Nathan Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Frederick		Frederick			
Date of death	Month	Day	Years	Month	Days
1909	3	5	34	—	—
Sex	Male	Color or Race	Black	Birth-place	Frederick
Occupation	Laborer			Where Reiding if not at place of death	Same
Married, Single or Widowed	Married			Name of Wife or Husband	Louisa Higgins
Father's Name	Henry Morgan			Father's Birthplace	Maryland
Mother's Maiden Name	Emma Bigges			Mother's Birthplace	"
Names of person giving Information		Mrs. Louisa Morgan		How related to deceased	Wife

CAUSES OF DEATH

27

How long

How long

Primary

Pulmonary Tuberculosis 2 years

Immediate

Exhaustion

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T B Johnson
Frederick, Md.

PHYSICIAN
OR CORONER

6

Accident or Suicide

Interment Near 7 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.A.

Dr. J. M. Smith

Dr. McCurdy

Name
in
Full

Marietta Murdock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND					
Date of death	1909	Month	3	Day	1	Years	64	Months	—	Days	—
Sex	Female	Color or Race	Black.	Birthplace	Frederick, Md						
Occupation	House Wife	Where Residing if not at place of death		Same							
Married, Single or Widowed	Married	Name of Husband	John J. Murdock	Father's Name	John J. Murdock						
Father's Name	George Johnson	Mother's Birthplace		Maryland							
Mother's Maiden Name	Annie Williams	Mother's Birthplace		" "							
Name of person giving Information	J. J. Murdock.	How related to deceased		Husband							

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

Indefinite

Immediate

Pulmonary Hemorrhage

Several minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. G. Brown MD

Frederick, Md

Accident or Suicide

Interment Mar 4 - 1909
" at Laboring Sons Cemetery

Thomas P. Rice F. d.

Dr Boerner

Dr McCurdy.

Name
in
Full

Infant of Mr. H. Stalle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick	County Fredericks	MARYLAND		
Date of death	Month Mar	Day 20	Years —	Months —	Deyas —	
Sex Male	Color or Race white	Birth- place Md				
Occupation —	Where Reaiding if not et place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name William Henry Stalle	Father's Birthplace Md					
Mother's Maiden Name Dna Biers McBride	Mother's Birthplace Md					
Name of person giving Information Dna Biers McBride	How related to deceased Mother					

CAUSES OF DEATH

71

Primary

Convulsion (cerebral origin)

How long

2 days

Immediate

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Hart
Brunswick,
Frederick Co

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

Peyton H. Nicely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Frederick	Frederick			
Date of death	1909	Month	3	Day	23
Age	0	Years	0	Montha	0
Days	2				
Sex	Male	Color or Race	White	Birth-place	Frederick
Occupation	—	—	—	Where Reaiding if not et place of death	Same
Married, Single or Widewed	Single	Name of Wife or Husband	—	Father's Birthplace	W. Va Martinsburg
Father's Name	Peyton H. Nicely	Mother's Birthplace	—	Mother's Maiden Name	—
Mother's Maiden Name	Mae Emerson	How related to deceased	—	Name of person giving Information	Father
Peyton H. Nicely	151	How long	2	2 Hours	2
CAUSES OF DEATH		How long			
Primary	Stuttering				
Immediate	Convulsions				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Interment Mar 24 - 1909,
" at Mt. Olivet Cemetery

Thomas P. Rice Jr. A.

Dr. Hedges

— —

Dr McCurdy.

Name
in
Full

Caroline Elizabeth Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	March	13	Age about (70)	—	—	
Sex	Female	Color or Race	Black	Birth-place	Virginia	
Occupation	House-wife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Role of Wife or Husband	George Washington Nichols			
Father's Name	Richard Caw		Father's Birthplace	Virginia		
Mother's Maiden Name	Dont Harver		Mother's Birthplace	Virginia		
Name of person giving information	George Washington Nichols		How related to deceased	Husband		

CAUSES OF DEATH

154

How long

Primary Age and exposure
Immediate Influenza

How long

one week.

Are the name, age, sex, color, date and place correctly given above?

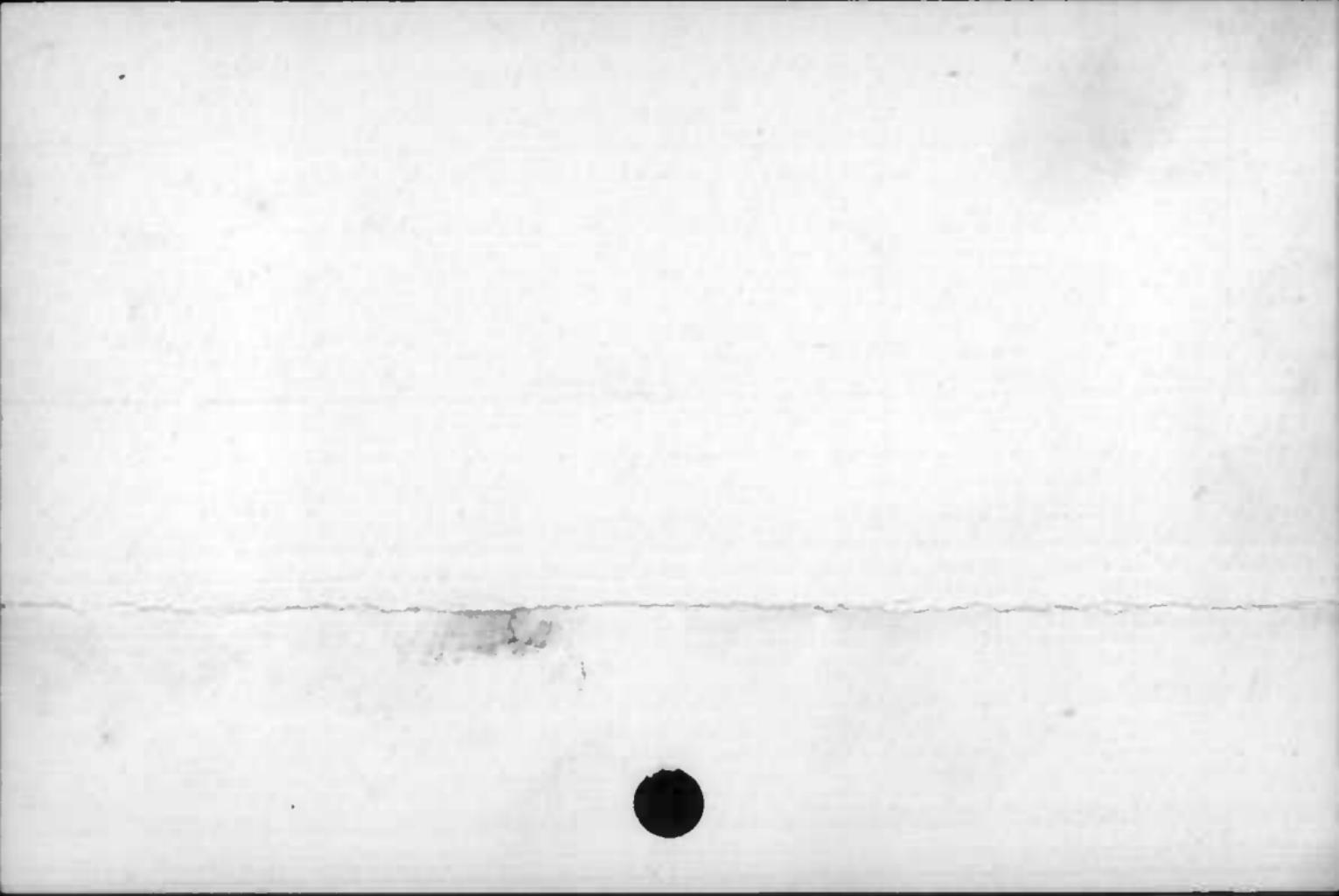
Signature of Physician

Address

Jos. G. Thomas
Adamstown,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Margaret Mayland.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gummitbury</u> <small>Town</small>		County <u>Frederick</u>		MARYLAND		
Date of death <u>1909 March 14</u>	Month <u>March</u>	Day <u>14</u>	Age <u>75</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>				
Occupation <u>Religious, In Charity</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife Husband					
Father's Name <u>Ralph Mayland</u>	Father's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>Mary Kelly</u>	Mother's Birthplace <u>Ireland</u>					
Name of person giving information <u>J. Bernard O'Dowd,</u>	How related to deceased <u>none</u>					

CAUSES OF DEATH

65

Primary <u>Softening of the Brain</u>	<u>4 years</u>
Immediate <u>Acute Peritonitis of the Bowels</u>	<u>How long 4 days</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

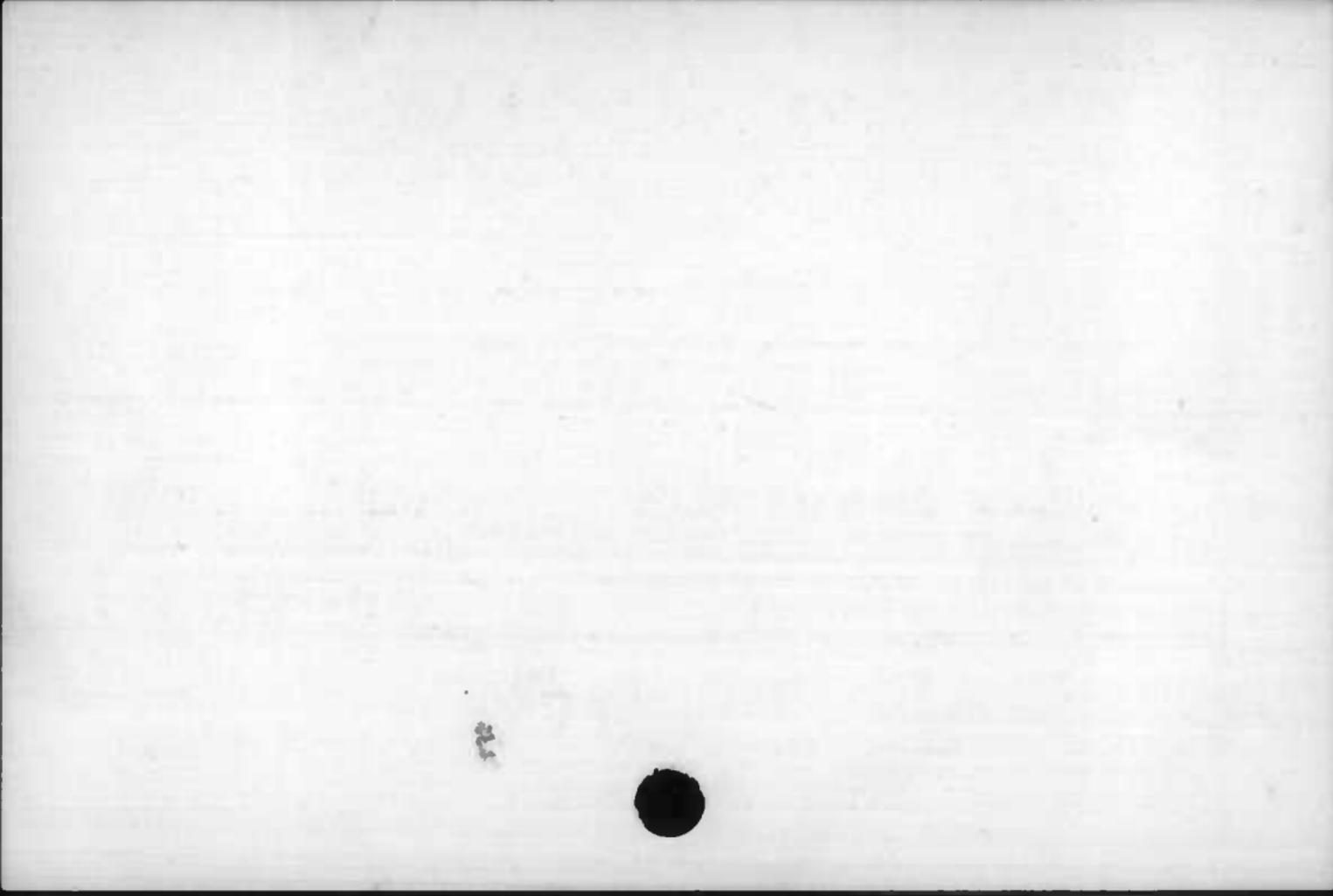
John B. Brown M.D.

Address

Gummitbury

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Annie Mary Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

County

MARYLAND

Date

of death

1909

Month

3

Day

1

Years

21

Months

—

Days

—

Sex

Female

Color or
Race

Black

Birth-
place

Frederick Co

Occupation

Maid

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry Palmer

Father's
Birthplace

Montgomery Co Md

Mother's
Maiden Name

Jennie Smith

Mother's
Birthplace

Frederick Co Md

Name of person giving
Information

Mrs. Jennie Wise

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Syphilitic

1

How long

3 weeks

Immediate

Gastritis

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B. O. Thomas, M.D.,
Frederick, Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

Interment Mar 3 - 1909
" at Greenmount Cemetery
Thomas P. Rice F. A.

Dr B. D. Thomas

Dr McCurdy

Name
in
Full

James Reddick

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	
Died at City Hospital Frederick	Frederick	
Date of death 1909	Month March	Day 1
Years 63	Months .10	Days 20+
Sex Male	Color or Race White	Birth-place New Liberty
Occupation	Where Residing if not at place of death Walkersville, Md.	
Married, Single or Widowed	Name of Wife or Husband	mary C. Reddick, deceased
Father's Name	Leonard Reddick	
Mother's Maiden Name	Jennina Watty	
Name of person giving information	George W. Reddick (b)	
Father's Birthplace	Johnsville, Md.	
Mother's Birthplace	Daysville, Md.	
How related to deceased	Brother	

PHYSICIAN
OR CORONER

6

Primary

(Traumatic) Central Cerebral Hemorrhage

How long

4 day 10 1/2 hr.

How long

Immediate

Menengitis

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Yes

Dr. J. M. Brady

Accident

Accident

Name
in
Full

Andrew H Pinehart, No 6,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Monrovia		Frederick Co.					
Date of death	1909	Month 3	Day 10	Years 88	Months 7	Days 11	
Sex	Male	Color or Race	white		Birth-place	Walkersville	
Occupation	Miller		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Maria Lane				
Father's Name	George Pinehart		Father's Birthplace Frederick				
Mother's Maiden Name	Susan Smith		Mother's Birthplace Frederick Co.				
Name of person giving information	Ida. Pinehart		How related to deceased Daughter				

CAUSES OF DEATH

154

How long

six months

How long

six days

PHYSICIAN
OR CORONER

Primary

General debility

Immediate

Arthrosis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

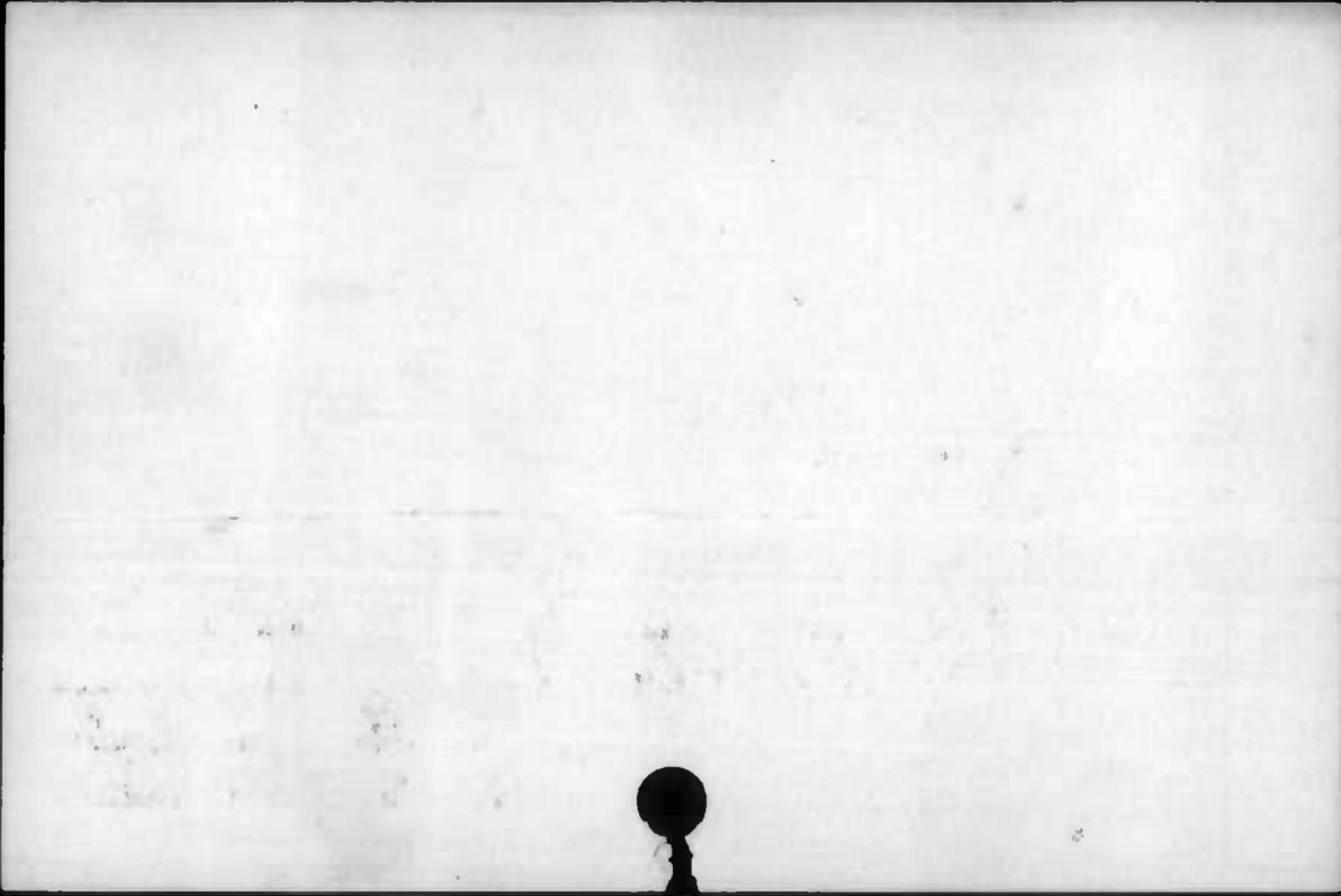
Address

B. Thomas M.D.

Frederick

Md

Accident or Suicide?



Name
in
Full

John Rollins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Frederick		Frederick			
Date of death 1909	Month 3	Day 22	Age 46	Months —	Days —
Sex Male	Color or Race Black	Birth-place Montg Co. Md			
Occupation Laborer	Where Residing if not at place of death Same				
Married, Single or Widowed Married	Name of Wife or Husband Sarah E. Cole	Father's Name	Father's Birthplace Maryland		
Mother's Maiden Name Unknown	Mother's Birthplace —				
Name of person giving information Sarah E. Rollins	How related to deceased Wife				

CAUSES OF DEATH

93

How long

One week

How long

Several years

Primary

Pneumonia

Immediate

Cardiac Aethenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. G. Bourne M.D.
Frederick Md

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Near 24 - 1909.
" at Greenmount Cemetery
Thomas P. Rice A.D.

Dr Bourne

—
Dr McCurdy.

Name
in
Full

Robert E. Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Year Died at		Town	County		MARYLAND	
Date of death	1909	Month 3	Day 7	Years Age 71	Month —	Days —
Sex	Male	Color or Race	Black	Birth- place	Maryland	
Occupation	Laborer		Where Residing if not at place of death	Same		
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary Anderson	Father's Name	Anthony Russell	
Mother's Maiden Name	Matilda Butler			Mother's Birthplace	Maryland	
Name of person giving Information	Mary Norris			How related to deceased	Sister	

CAUSES OF DEATH

79

How long

For 6 years

Primary

Organic Heart Disease

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Robert E. Russell
Levistown, Md.
Frederick, Md.

Interment Mar 8 - 1909
" at Greenmount Cemetery

Thomas P. Rice F. d.

Dr Boerne

Dr Goodell

Dr McCurdy

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Cyrn Catharine Schindler

CERTIFICATE OF DEATH

Died at ^{Town} Middletown

County Frederick

MARYLAND

Date of death 1909 Month Mar Day 24

Age 99 Years 10 Months

3 Days

Sex Female

Color or Race

White

Birth-place

Occupation

Where Residing if not
at place of death

Housewife

Married, Single
or Widowed

Name of Wife or
Husband

David Schindler

Father's Name

Christopher Michael

Father's Birthplace

Mother's Maiden Name

Catharine Stumble

Mother's Birthplace

Name of person giving
Information

F. L. Ed. Domes

How related
to deceased

Grand Son

CAUSES OF DEATH

154

How long

Primary

Old Age

How long

Immediate

General debility

Are the name, age, sex, color, date
and place correctly given above?

Yes

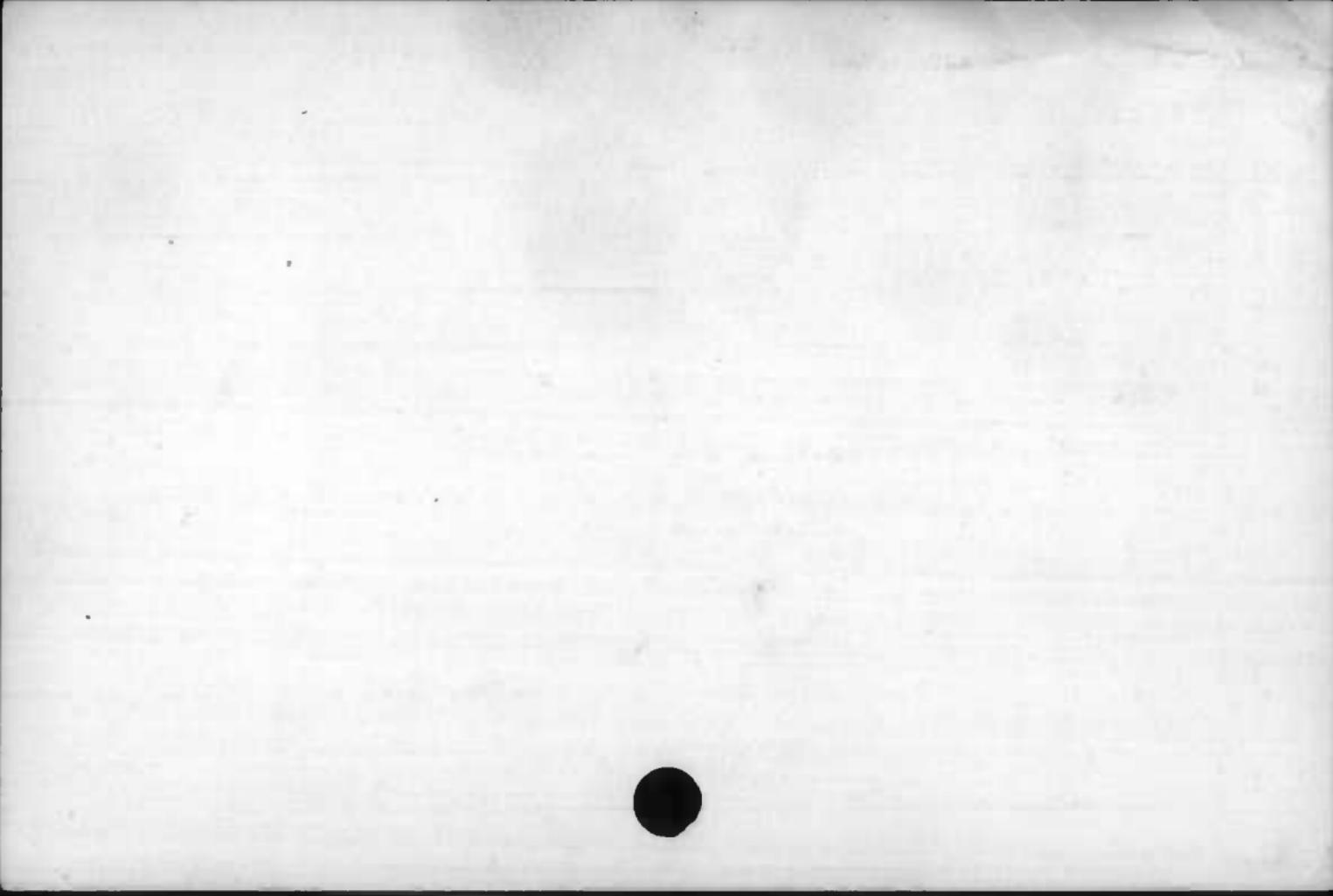
Signature of
Physician

Address

J. M. Petty, M.D.
Middletown
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Thomas Schley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
F Frederick		F Frederick				
Date of death	1909	Month 3	Day 11	Years 51	Months 2	Days 11
Sex	Male	Color or Race	White	Birth-place	Frederick Md	
Occupation	Publisher		Where Residing if not at place of death	—		
Married, Single or Widowed	Mamid	Name of Wife or Husband	Mary Claggith	Father's Birthplace	Frederick Md	
Father's Name	Edward Schley			Mother's Birthplace	" "	
Mother's Maiden Name	Eva Margaret Boyle			How related to deceased	Wife	
Name of person giving information	Mrs. Thomas Schley					

CAUSES OF DEATH

80

How long

1 hour

How long

immediate

Primary

Angina Pectoris

Immediate

Cardiac Syncope

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Salmon

Frederick

Accident or Suicide?

PHYSICIAN
OR CORONER

66 Barley -

Name
in
Full

Mary E. Sewell

No 8

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
New Market		Frederick				
Date of death	1909	Month 3	Day 26	Years 61	Months 8	Days 25
Sex	Female	Color or Race	Black		Birth- place	New Market, Md
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Husband	Henry Sewell			
Father's Name	Milton Simpson		Father's Birthplace			
Mother's Maiden Name	Elisabeth Coates		Frederick Co. Md			
Name of person giving Information	Henry Sewell		Mother's Birthplace			
How related to deceased						"

CAUSES OF DEATH

64

How long

20 hours

How long

PHYSICIAN
OR CORONER

Primary

Apoplexy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

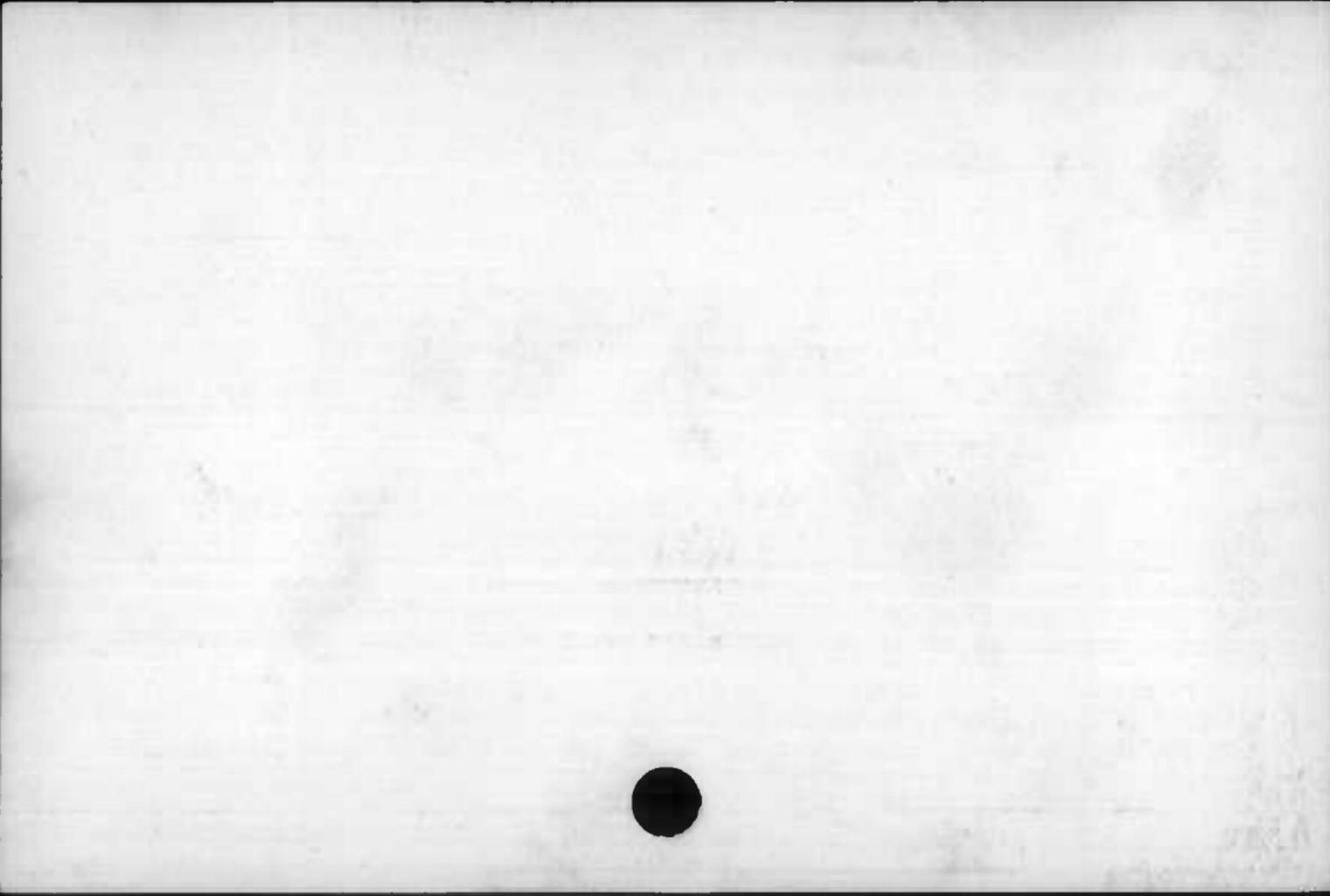
Signature of
Physician

Address

H. H. Hopkins M.D.
New Market, Md.

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Joseph Shillings

CERTIFICATE OF DEATH

Town

Brunswick

County

Frederick

MARYLAND

Died at

Month

1909 March

Day

6

Years

67

Month

?

Days

?

Date
of death

Sex
Male

Color or
Race

white

Birth-
place

Md.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Shillings

Father's
Birthplace

Do not know

Mother's
Maiden Name

Catherine E. Shillings

Mother's
Birthplace

Name of person giving
Information

Martha Darr

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Cerebral Hemorrhage (?)

64

How long

5 minutes ?

Immediate

" "

How long

"

Are the name, age, sex, color, date
and place correctly given above ?

Yes

Signature of
Physician

Address

C. W. Crum

Brunswick -
Md.

Accident or Suicide



Name
in
Full

Saura Coeline Shrine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age 47		Birthplace		
Occupation	Housewife	Where Residing if not a place of death		at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph F. Shrine				
Father's Name	Jacob Eyer		Father's Birthplace	Fred. C. Md.			
Mother's Maiden Name	Matilda Grueter		Mother's Birthplace	Eastern Shore, Md.			
Name of person giving Information	Joseph F. Shrine		How long related to deceased	Husband			

CAUSES OF DEATH

27

How long

4 years

How long occasionally

Pulmonary Tuberculosis

Pulmonary hemorrhage for 4 months.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

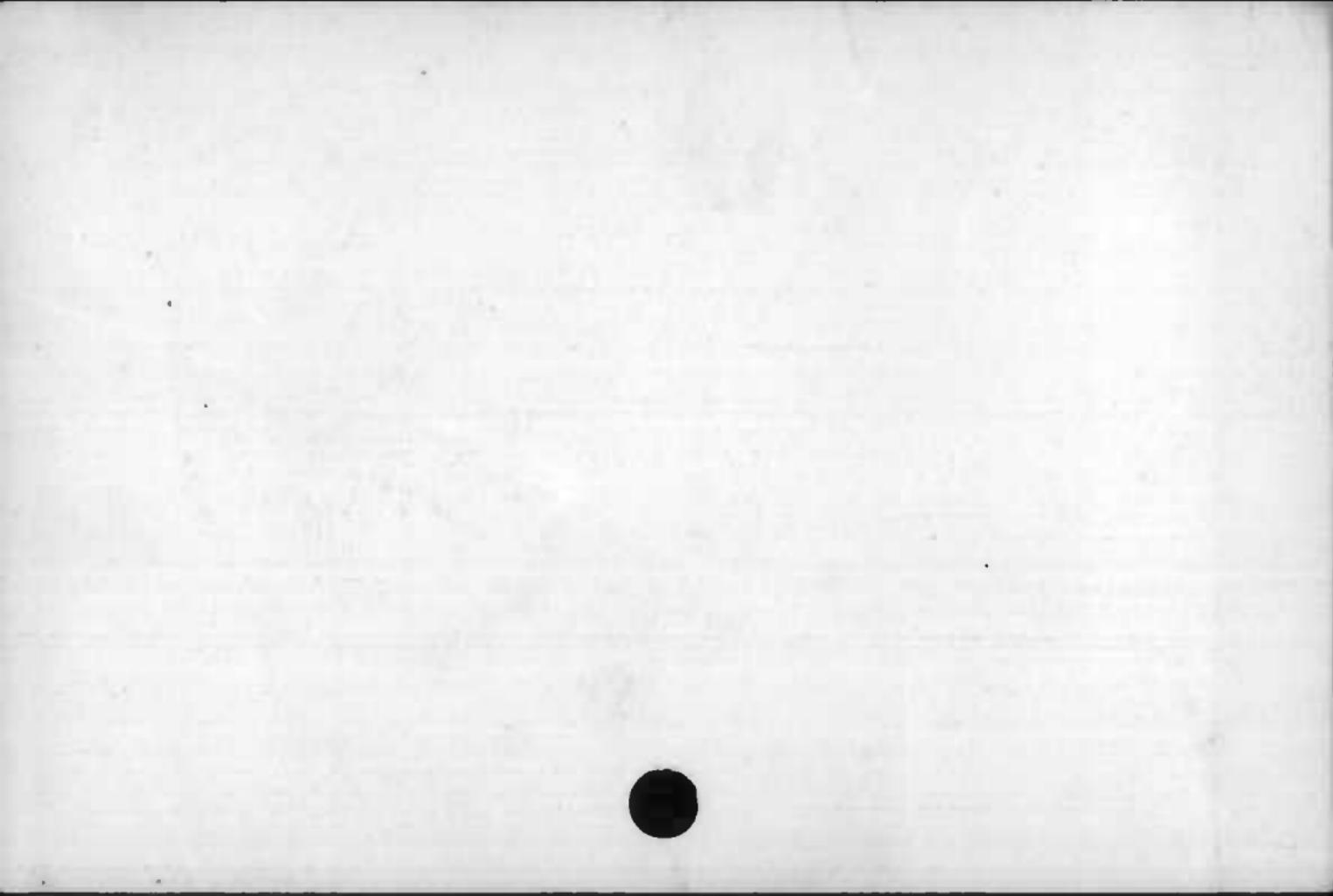
C. H. Diller

Address

Detroit

Accident or Suicide?

Barre Co - Md



Name
in
Full

Ralph W. Six

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

County

MARYLAND

Date of death 1909 Month 3 Day 24 Age — Months 3 Days 18

Sex Male

Color or Race

White

Birth-place Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Osborne S. Six

Father's
Birthplace

Frederick

Mother's
Maiden Name

Marie S. Boone

Mother's
Birthplace

Frederick

Name of person giving
Information

Osborne S. Six.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchial Pneumonia

92

How long

1 week

Immediate

Cardiac Exhaustion

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. S. Lyson

Frederick,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 26-1909

" at Mt. Olivet Cemetery

Thomas P. Rice F. D.

Dr Tyson

Dr McClure

Name
in
Full

John Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND								
Died at	Frederick	Frederick		Month	0	Days						
Date of death	1909	Month	3	Day	18	Years	Age	72	Montha	0	Days	14
Sex	Male	Color or Race	White	Birth-place	Frederick Co Md							
Occupation	Farmer			Where Residing if not at place of death	Near Woodsboro Md							
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Jane Gilbert	Father's Birthplace	Frederick Co Md							
Father's Name	John Smith			Mother's Birthplace	Pa.							
Mother's Maiden Name	Elizabeth Frock			How related to deceased	Son							
Name of person giving Information	John Smith			125								

CAUSES OF DEATH

Primary

Prostatectomy - ~~hemorrhage~~ (complete retention)
of urine

How long

10 days

Immediate

Uræmia

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Hendrix, M.D.
Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Mar 21 - 1909
" at Woodsboro Cemetery

O. A. Sharrett F. D.

Dr. Hendrix

Dr McCusdy

Name
in
Full

Dorcas Janice Snoots

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Two Brunswick		County	Maryland		
Date of death	Month	Day	Years	Months	Days	
1909	March	28	49	2	18	
Sex	Female	Color or Race	White	Birth-place	Baltimore Co.	
Occupation	Housewife			Where Residing If not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Brunswick		
Father's Name	Armstrong Magaha			Father's Birthplace	Virginia	
Mother's Maiden Name	Margaret Warner			Mother's Birthplace	Virginia	
Name of person giving Information	Silver Snoots			How related to deceased	Huber	

CAUSES OF DEATH

45

Primary	Osteoarthritis (about hip joint)	How long	8 mos -
Immediate	Metastasis & complete exhaustion	How long	1 mo -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

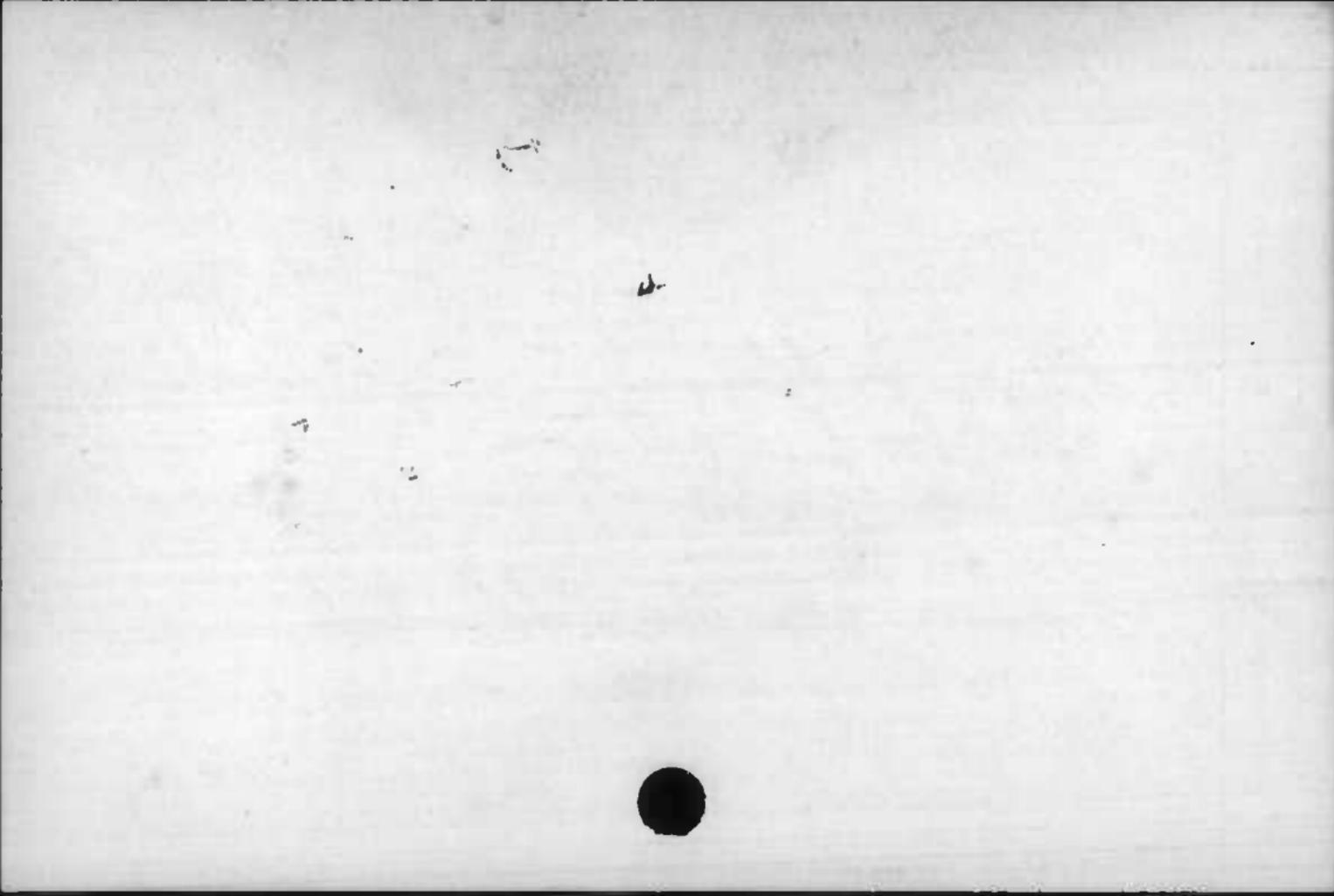
Address

C. W. R. Crum (L)
Brunswick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No.



Name
in
Full

Elseworth Stanton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Champfort Town

County Frederick

MARYLAND

Date of death 190 Month March

Day 19 Years

Months 3 Days 2

Sex Boy

Color or Race

Colored

Birth-place

Champfort

Occupation None

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed Single

Name of Wife or
Husband None

Father's Name George Hollings

Father's Birthplace Unknown

Mother's Maiden Name Frances E Stanton

Mother's Birthplace Harrisville

Name of person giving
Information Philip Stanton

How related
to deceased Grand Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary I never saw the child while it was sick

71

How long

Immediate Seems to be pneumonia

How long

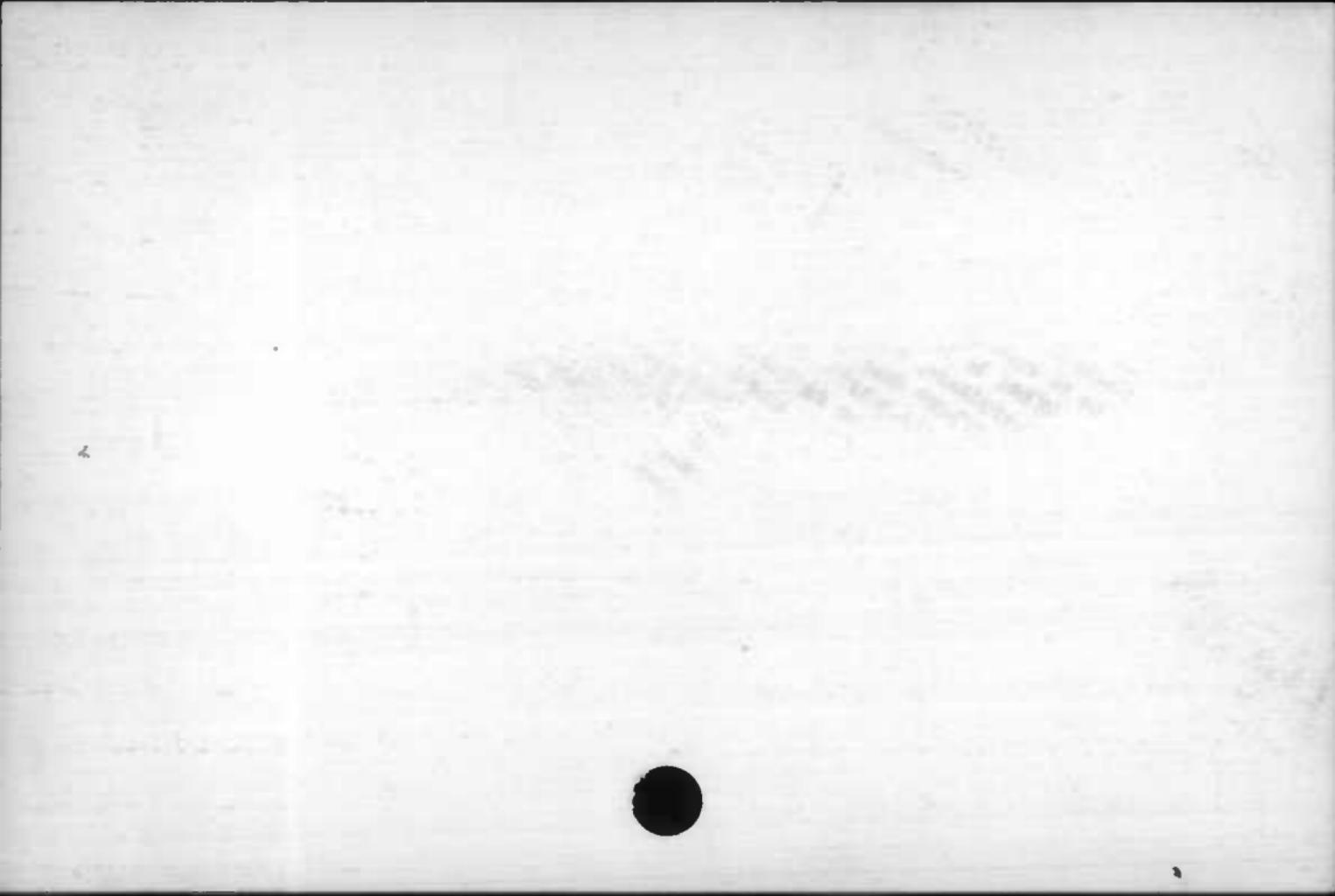
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician M. S. Pearre

M.D.

Address Unionville

Accident or Suicide?



Name
In
Full

Pauline Stube

CERTIFICATE OF DEATH

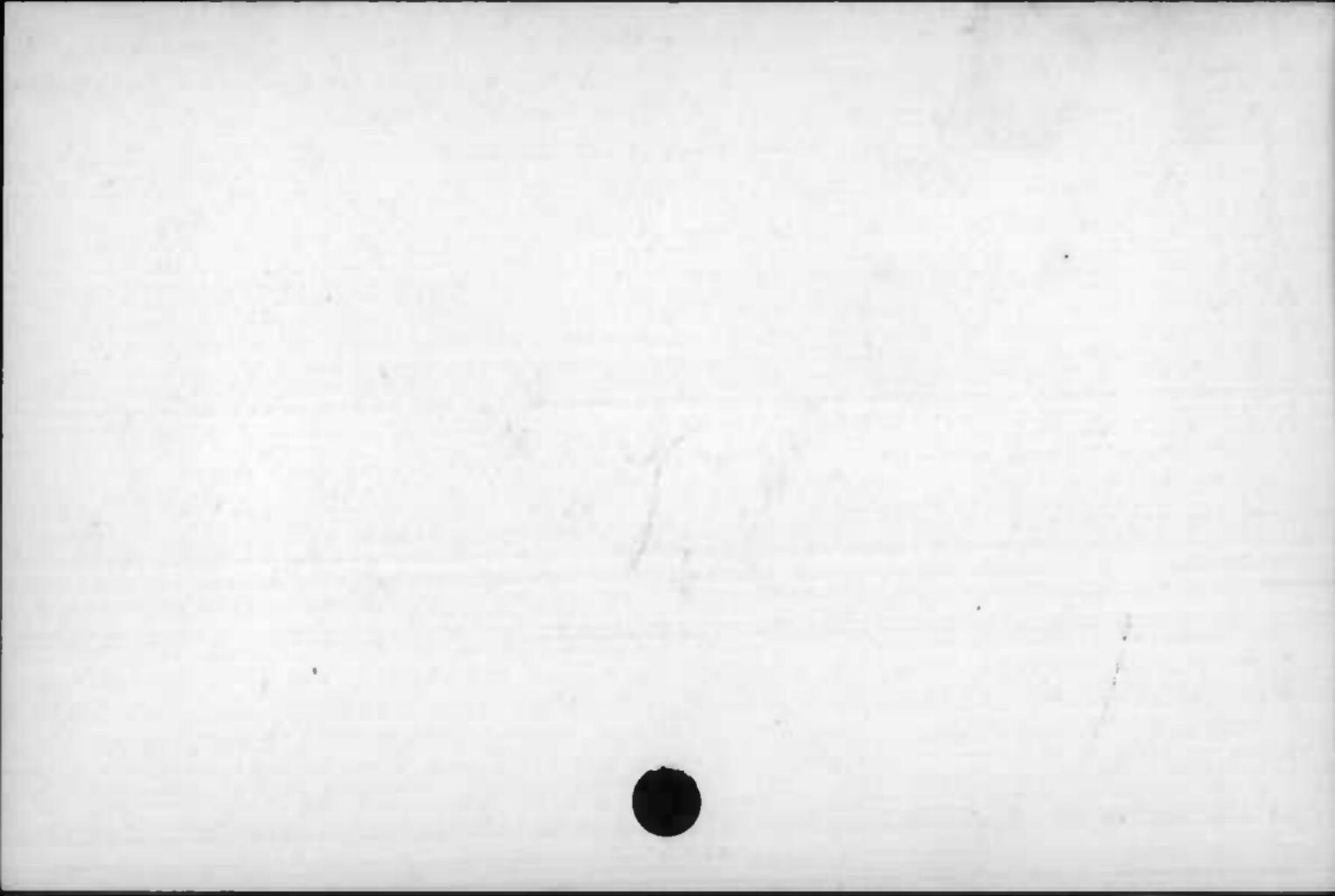
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Urbania	Bred			
Date of death	Month	Day	Years	Months	Days
1909	Mar	15	Age		21
Sex	Color or Race	White	Birth-place	Maryland	
Female					
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Albert Stube			Father's Birthplace	Ned
Mother's Maiden Name	Bertha Senn			Mother's Birthplace	Ned
Name of person giving Information	Albert Stube			How related to deceased	Father

CAUSES OF DEATH

150

Primary	Congenital Cardiac Disease		How
Immediate	with extreme Cyanosis		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Clyde Routen
		Address	Buckley town
Accident or Suicide?	—		

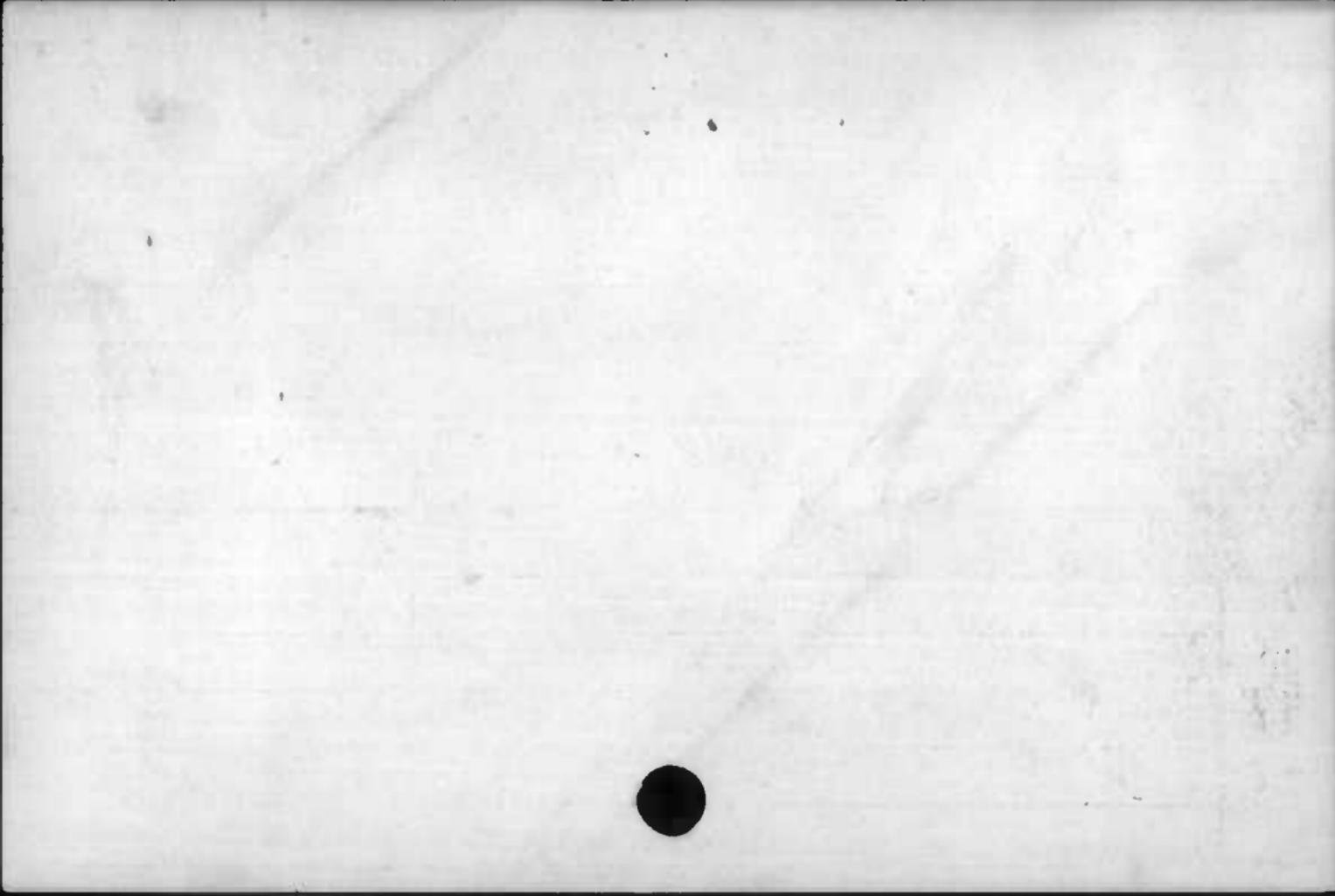


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary. Elizabeth. Stull						CERTIFICATE OF DEATH	
Died at <u>Reagerstown</u>			Town <u>Frederick</u> County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	March	19	79		3	11	
Sex	Female		Color or Race	White	Birth-place	Middlebury	
Occupation	House Keeping		Where Residing if not at place of death	At place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Leontine J. Stull		Stull		
Father's Name	John Putnam		Father's Birthplace	Unknown			
Mother's Maiden Name	Mary. Elizabeth. Putnam		Mother's Birthplace	Unknown			
Name of person giving Information	Miss Blanch. Stull		How related to deceased	Daughter			
CAUSES OF DEATH							
Primary	Valvular disease heart				79	How long	3 months
Immediate	Heart failure				Half hour	How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. D. Young		
				Address	Reagerstown, Frederick		
Accident or Suicide?							



Name
in
Full

Peter Swinsel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Montgomery		Frederick	16				
Date of death	1909	Month	Day	Years	Months	Days	
		Mar	21	59	—	—	
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	Junk Dealer		Where Residing if not at place of death	Frederick			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Eckertown		Father's Birthplace	Baltimore			
Mother's Maiden Name	Eckertown		Mother's Birthplace	" "			
Name of person giving Information	Supt. Montgomery Hospital		How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

chronic Pulmonary Tuberculosis

Immediate

Chancery

Are the name, sga, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

27

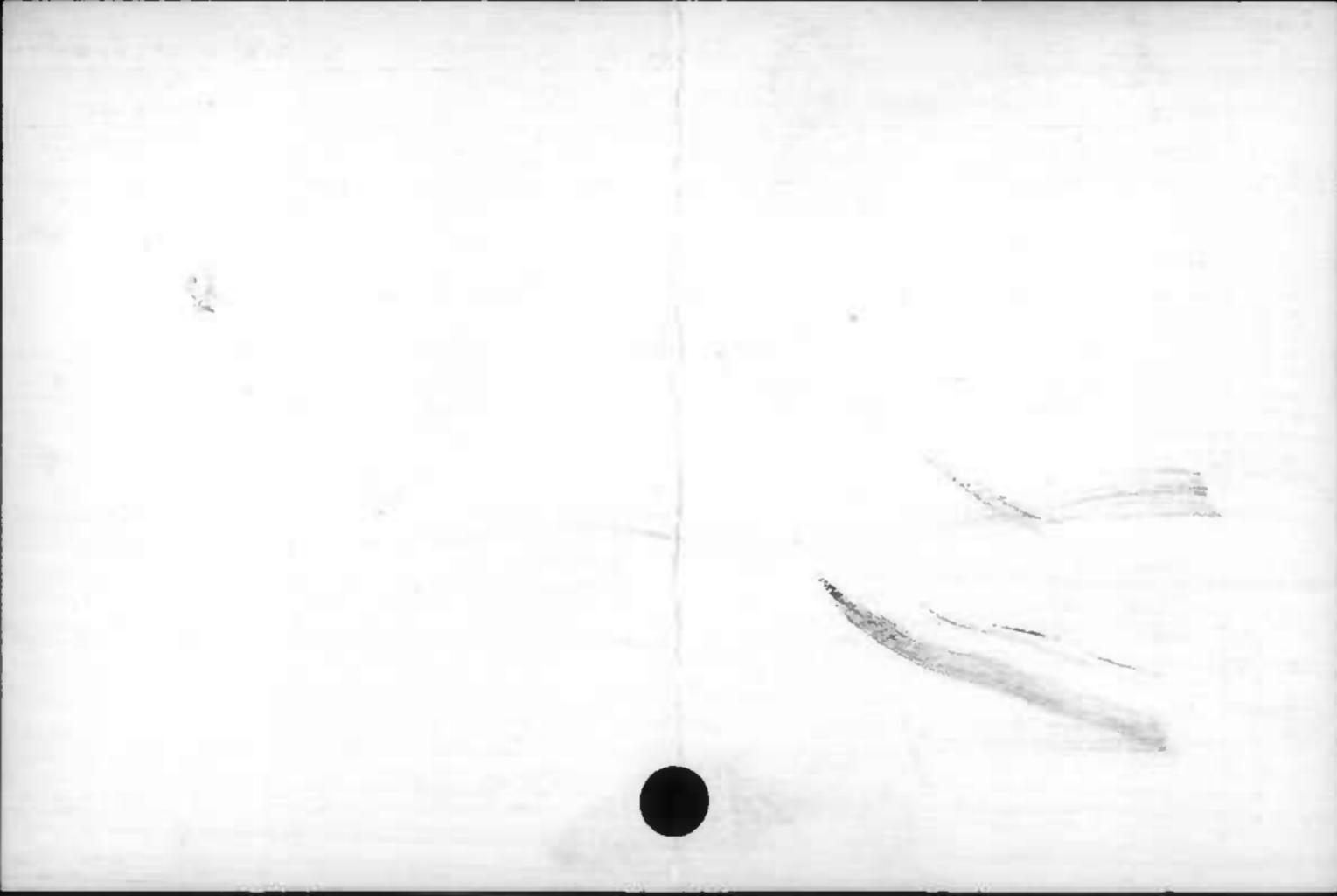
How long for some yrs.
exact time unknown

How long

3 days

P. S. Myers,
Frederick,
Md

Accident or Suicide



Name
in
Full

Tho. Victor Daylor

✓ CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at

West Ayer.

Town

County

MARYLAND

Date
of death

1909

Month

March

Day

30

Age

Years

Months

Days

10

Sex

Male

Color or
Race

colored

Birth-
place

West Ayer

Occupation

Infant

Where Residing if not
at place of death

West Ayer

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Frank J. Daylor

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Ellie Dotson

Mother's
Birthplace

Hobbs Co

Name of person giving
Information

Frank J. Daylor

How related
to deceased

Father

CAUSES OF DEATH

151

How long

From birth

How long

Primary

Asthenes

Immediate

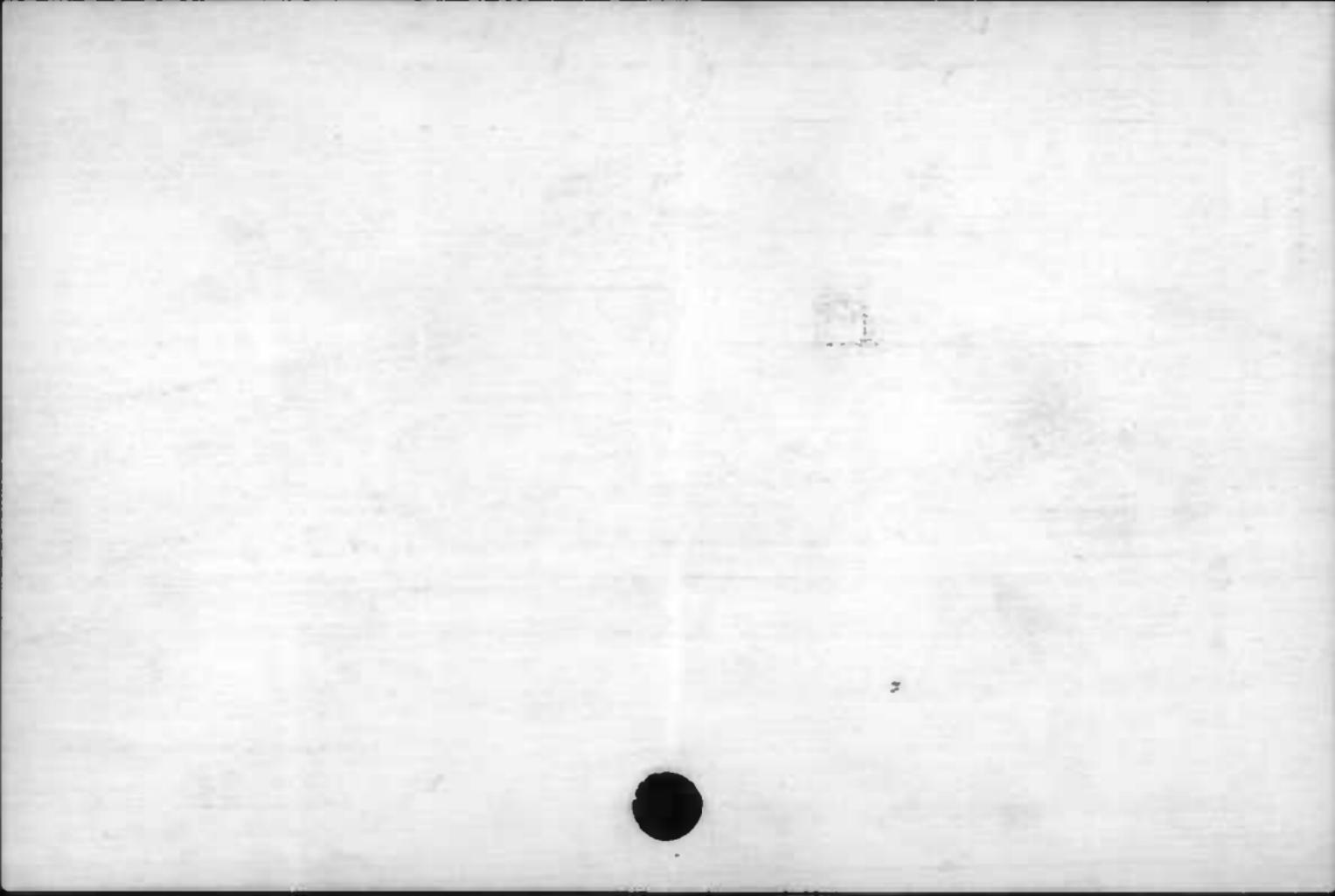
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. E. Bonewell

West Ayer Md

Accident or Suicide?



Name
in
Full

Mary L. Tracy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

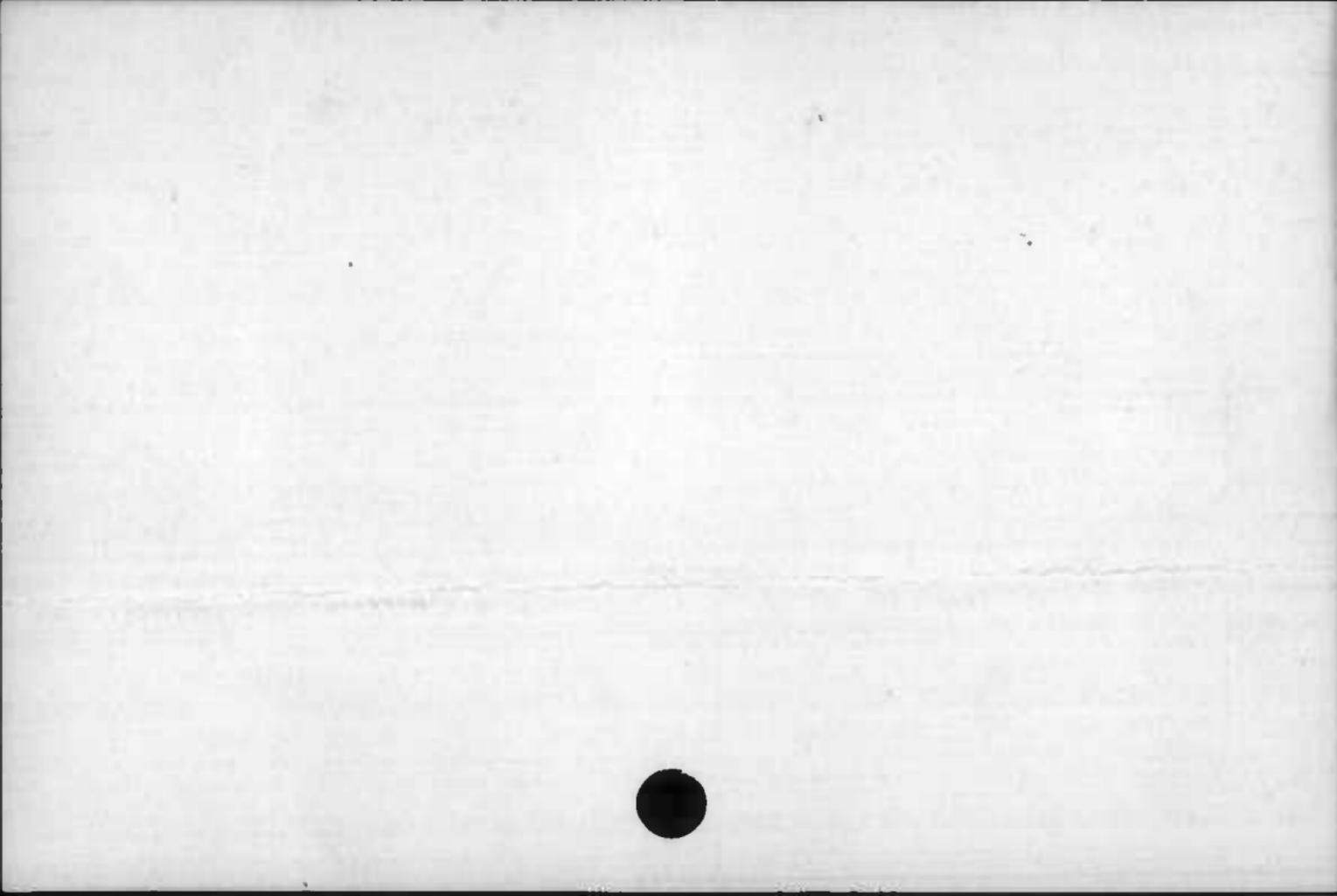
PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1909	Month 3	Day 11	Years 58	Months 8 Days 4
Sex	Female	Color or Race	White	Birth-place	
Occupation	House Wife	Where Residing if not at place of death		Near Smithsburg	
Married, Single or Widowed	Married	Name of Wife or Husband	Columbus Tracy		Father's Birthplace
Father's Name	Henry Mahanah	Elizabett Brown.		Don't Know	
Mother's Maiden Name	Elizabeth Brown.	Columbus Tracy		Mother's Birthplace	
Name of person giving information	Columbus Tracy		Husband		How related to deceased
CAUSES OF DEATH					
Primary	Chronic Bright's Disease		6 months		How long
Immediate	Heart trouble		4 months		How long
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	

120

2

Assist.



Name
in
Full

John F. Valentine

CERTIFICATE OF DEATH

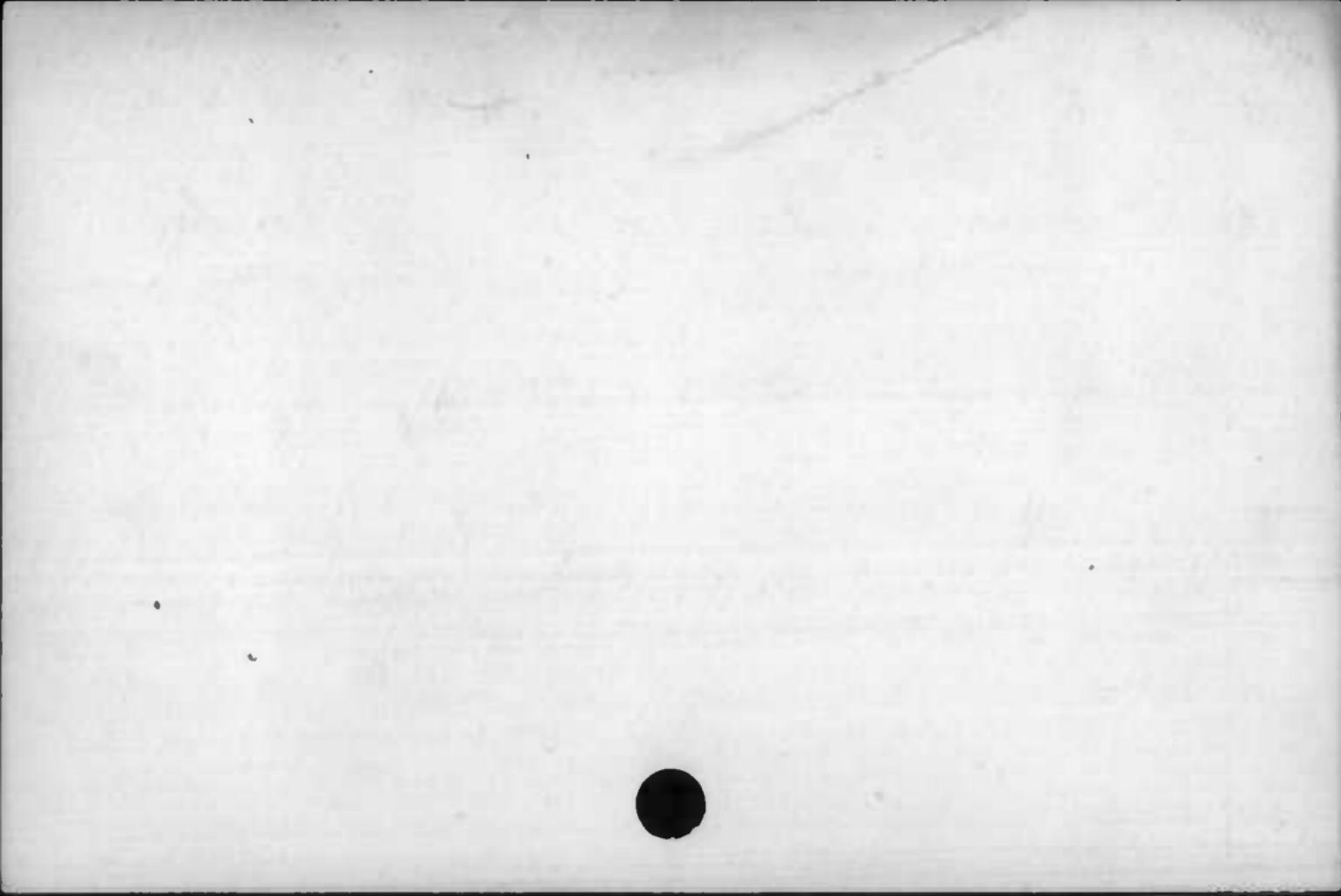
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Creagystown</u>		Town	County <u>Friedrich</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>28</u>	Years <u>59</u>	Age <u>59</u>	Months <u>5</u>	Days <u>9</u>
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>		
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Creagystown</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Laura V. Dugay</u>					
Father's Name <u>John Valentine</u>				Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Gavin a Harbaugh</u>				Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Mrs. Laura V. Valentine</u>				How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Nephritis</u>	64	How long <u>2 years -</u>
Immediate <u>Apoploly</u>		How long <u>1 day -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Morris A. Bush</u>	Address <u>Thurmont -</u>
Accident or Suicide? <u>no</u>		<u>Md.</u>



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

William T. Walter

Town

Died at Montpelier Hospital

County

Frederick

MARYLAND

Date of death 1907 March

Month

Day

Years

81

Age

Months

Unknown

Days

--

Sex Male

Color or
Race

White

Birth-
place

Poolsville

Occupation

Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Ada Walter

How related
to deceased

Daughter

CAUSES OF DEATH

154

How long

2 yrs.

How long

2 weeks

Primary

General septicity

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. L. Lyons.
Frederick,
Md.

Accident or Suicide?



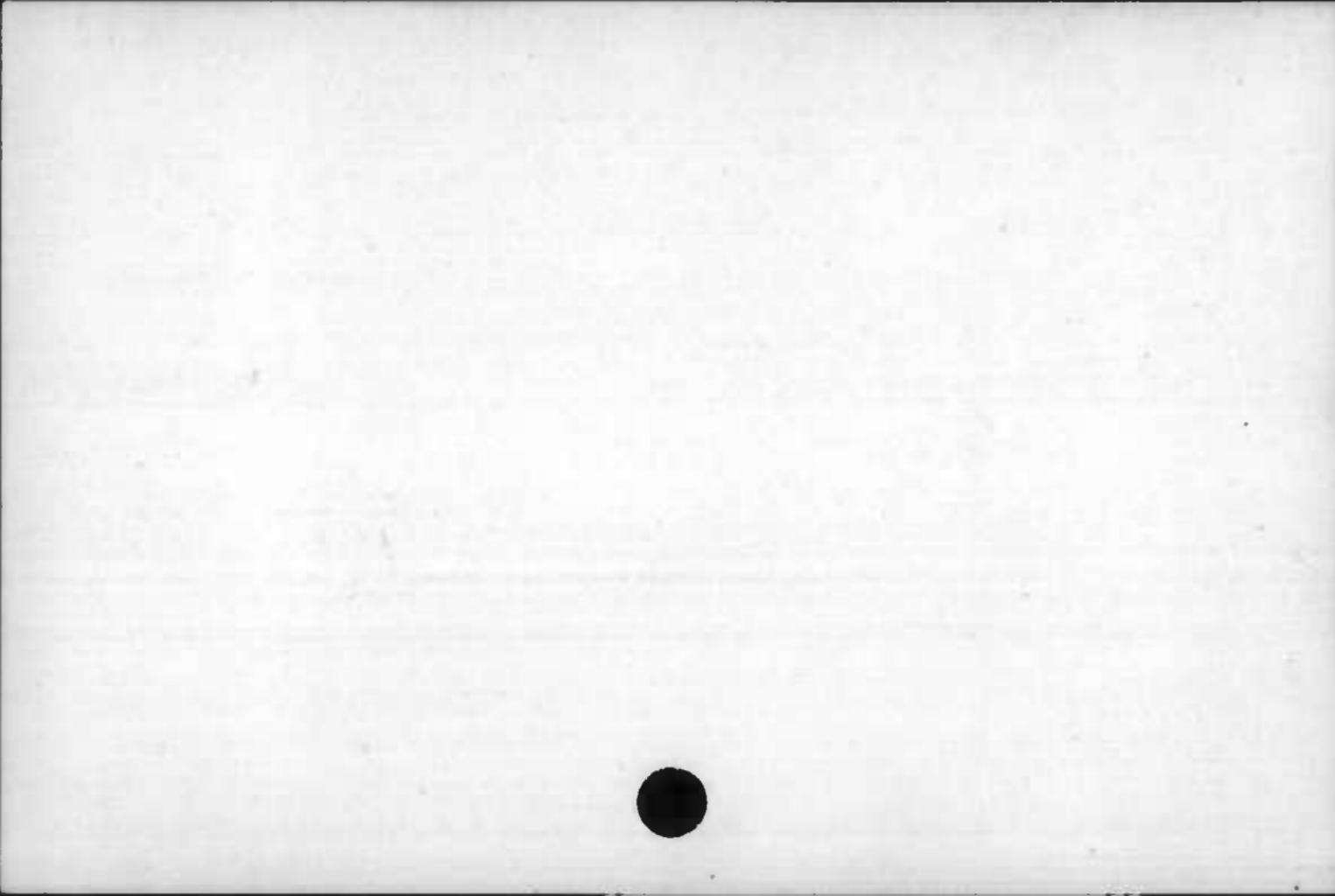
Name
in
FullTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ethel Irene Whitmore						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1909	Month Mar	Day 7	Years 2	Months 10	Days 2	
Sex	Female		Color or Race	White		Birth-place	Greagerstown
Occupation			Where Residing if not at place of death		At place of death		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harvey V. Whitmore				Father's Birthplace	Don't know	
Mother's Maiden Name	Mary B. Shryock				Mother's Birthplace	Don't know	
Name of person giving information	Mary B. Whitmore				How related to deceased	Mother	

CAUSES OF DEATH

119

Primary	Acute Nephritis		How long	Ten days
Immediate	Tremic convulsions		How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. D. S. Young	
		Address	Greagerstown Md.	
Accident or Suicide?				



Name
in
Full

Joel P. Williard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race					
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Margaret Williard				
Father's Name	Lawrence Williard					Father's Birthplace
Mother's Maiden Name	Catharine Miller					Mother's Birthplace
Name of person giving information	G. N. Stein					How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Old Age

How long

Immediate

General Debility

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

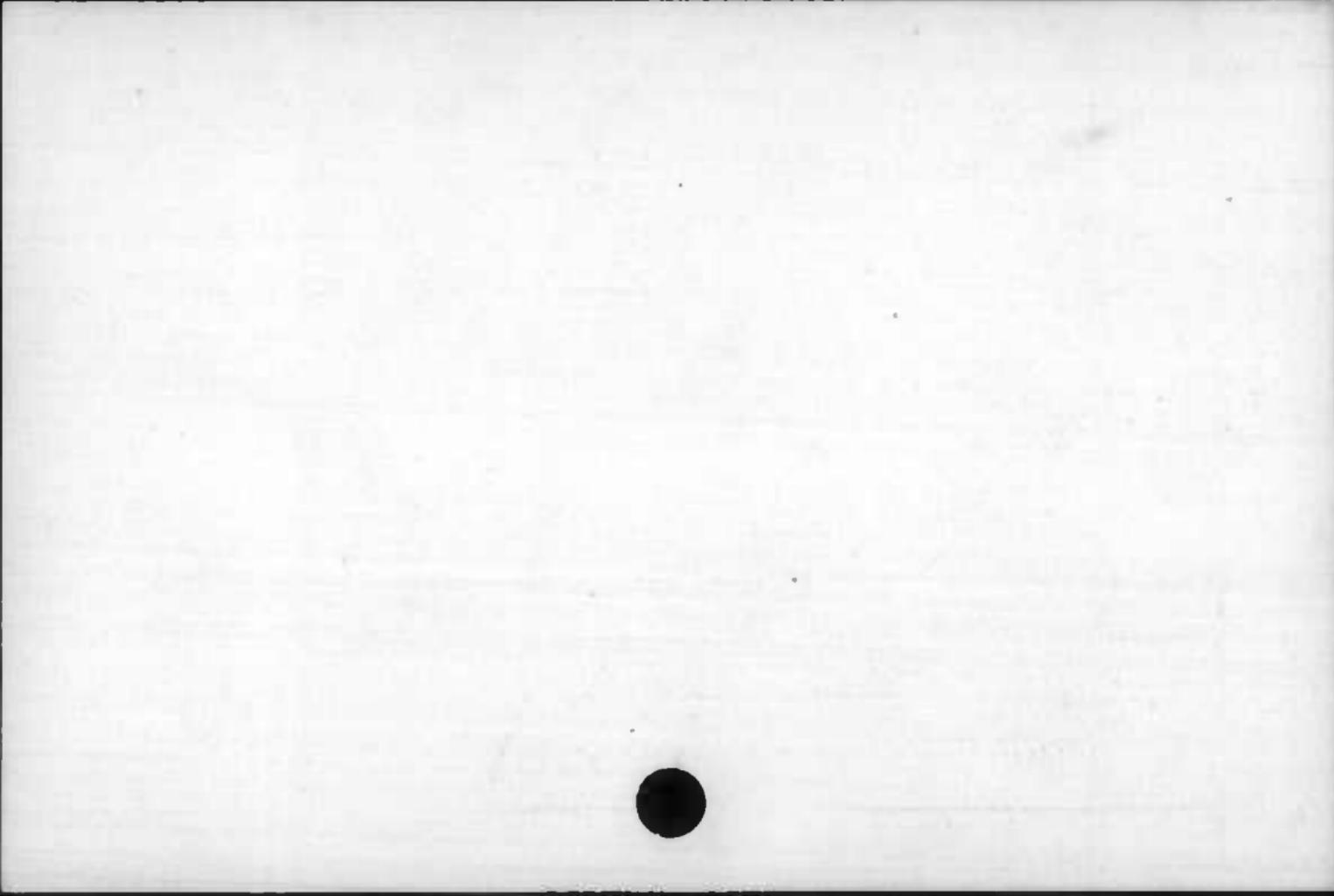
C. L. Wachter

Address

Sabillasville Md.

J

Accident or Suicide?



Name
in
Full

Mrs Mary E. Hornman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrowing Grove</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>26</u>	Years <u>81</u>	Month <u>—</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co. Md.</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William D. Hornman</u>	Father's Birthplace <u>Frederick Co. Md.</u>			
Father's Name <u>George Gittinger</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Charlotte Scholl</u>	How related to deceased <u>Daughter</u>				
Name of person giving Information <u>Miss Willie Hornman, Dr.</u>					

CAUSES OF DEATH

93

How long

36 hours

How long

12 hours

Primary

Pneumonia - Sputum -

Immediate

Cornea of lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. S. Maynard
17 Second Street
Frederick Md

✓

Accident or Suicide

Interment Mar 29 - 1909
" at Mt. Olivet Cemetery

Thomas P. Rice. 51 1/2

Dr Maynard
Dr Goodell
Dr McCusdy

Franklin Thomas Zeigler						CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death	1909	Month	March	Day	27	Years	68
Age		Months	x	Days	x		
Sex	Male	Color or Race	white	Birth-place	Frederick Co., Md.		
Occupation	Shoe Salesman			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	A. A. Zeigler			Father's Birthplace	Md.		
Mother's Maiden Name	Eleanor			Mother's Birthplace	Not known		
Name of person giving Information	Reverdy Drouenburg			How related to deceased	Brother-in-Law		

CAUSES OF DEATH

45

Primary	Chronic Bright's Disease; Epithelioma of bladder and rectum. Six or 8 months		
Immediate	Uraemia		
Are the name, age, sex, color, date and place correctly given above	As far as I know		
	Signature of Physician	Address	
Accident or Suicide?			

Obenderfer & Sons —